

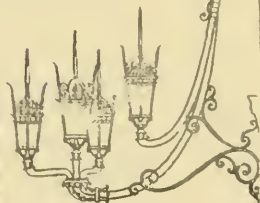
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NEW ENGLAND BAPTIST HOSPITAL MASTER PLAN 1994 - 1999

New England Baptist Hospital
125 Parker Hill Avenue
Boston, Massachusetts 02120



Marsters & Sargent Architects Inc.
1249 Boylston Street
Boston, MA 02215

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JULY 15, 1994

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EXECUTIVE SUMMARY

This Master Plan describes the services and facilities of the New England Baptist Hospital, how those services and facilities are likely to develop over the next five years, and the general strategy for campus development.

The following concepts were formative in the development of this Master Plan:

- o It is the intent of the Hospital to continue to offer the highest level of patient care and to maintain or develop facilities supportive of that mission.
- o Those projects being considered are for the purpose of upgrading facilities which were not addressed in a major building project undertaken by the Hospital in 1986, or to bring the most up-to-date health care to the Hospital's clients, particularly in light of the dramatic shift in health care delivery modes to outpatient care.
- o The key to long term health care planning is to maintain the flexibility to respond to whatever the future may bring. In a field as dynamic as health care, this is a difficult charge which, however, must be addressed.
- o It is the intent of the Hospital to continue to be a supportive and contributing member of the Mission Hill community.

This Master Plan begins with an introduction of the New England Baptist Hospital's purpose, organization, and location. That information is followed by a discussion of the Hospital's facilities.

Health care is a technologically complex and dynamic field, and health care institutions must adapt to ever-changing requirements. Section 3, entitled "Program Needs of the Institution" discusses the foreseeable functional needs of the Hospital in the next five years. These needs include space and parking to accommodate expanded outpatient services, updating patient care areas to meet today's standards, and improving the physical environment within and around the Hospital's campus.

This description of the foreseeable needs is followed by a description of projects proposed to respond to the identified needs, and a schedule for when those proposed projects might be undertaken. That discussion is accompanied by maps showing the location and size of the proposed projects, in as much detail as is currently possible. (Only the proposed Ambulatory Care Building and Parking Structure are planned to have construction starts in 1994.) The description of the proposed projects is followed by a discussion of alternative project strategies which were considered but for various reasons, deemed infeasible.

Following that presentation are discussions of specific information of concern to the community and to New England Baptist Hospital. These discussions address patient, visitor, and employee access and circulation in the environment of the Hospital, existing and proposed parking, and community benefits.

Finally, a note about the maps and graphic material included in this Master Plan. For the most part, the maps are intended to be diagrams for illustrating a specific point, and not accurate representations of all existing conditions on Parker Hill. The exceptions to this are the maps entitled "Landscape Plan after Ambulatory Care Building, Parking Structure, and Fourth Tier Improvements" and "Landscape Master Plan," Tables 12 and 13 respectively. These drawings are intended to give an idea of what the landscaping will look like into the foreseeable future, with an emphasis on the careful planning and use of open spaces.

1. AN INTRODUCTION TO THE HOSPITAL

The New England Baptist Hospital is a not-for-profit, acute care, tertiary referral hospital accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), a national organization which establishes and maintains healthcare delivery standards. It is licensed by the Massachusetts Department of Public Health to operate 205 beds, including 175 medical/surgical beds, 10 intensive care beds, and 20 Hospital-based rehabilitation and skilled nursing beds. As a tertiary referral facility, most of its patients are referred by other physicians for the specialized care offered; the Hospital is renowned for its treatment of complex conditions, especially orthopedics.

Over its 100 year history, the New England Baptist Hospital has established a regional reputation for excellence in patient care. The Hospital has maintained and continues to emphasize the personal relationship between the patient and his or her own physician. Although the Hospital's primary focus is on the delivery of patient care, teaching and research activities are maintained in areas of the Hospital's clinical strengths.

The origin of the Hospital dates back to 1886 when Dr. H. Warren White and Reverend Everett D. Burr of the Ruggles Street Baptist Church opened a free dispensary in Roxbury "to serve the needs of the community's poor, sick and suffering." The dispensary was formally incorporated in 1893 as the Boston Baptist Hospital and relocated to Boston's Longwood Area where it began to accept inpatients and train nurses. In 1895, the Hospital moved to its present location on Parker Hill Avenue. Having become a source of general medical care for the entire New England region, the Hospital changed its name to New England Baptist Hospital in 1897. In 1924, the Hospital opened both the Main Building, which served as the Hospital's primary patient care facility for 60 years, and the Haskell House, a separate facility for the Hospital's School of Nursing. Haskell House continues as the home for the School of Nursing.

The Hospital continued to provide general medical care through the early 1930's. As other health care facilities developed throughout Boston and New England, the Board of Trustees re-examined the role the Hospital played in the health care community. What emerged from this examination was a redirecting of the Hospital's mission from a general community hospital to an institution that specialized in meeting the more sophisticated demands of surgical intervention on a regional basis.

Recognizing the Hospital's experience in caring for the surgical patient, the Lahey Clinic Foundation ("Lahey"), a physicians' group practice specializing in the care of patients with complex diseases, sought and obtained an affiliation with the New England Baptist Hospital beginning in the 1930's. The Hospital served as one of the principal acute care facilities for Lahey until 1980, when Lahey relocated to Burlington, a Boston suburb, and built its hospital and clinic facility. In 1937, the Hospital expanded its physical facilities with the opening of the Converse Building in order to respond to changing medical care technologies and the needs of the surgical patient. It included a ten room operating suite, radiology department and additional patient care units. In 1954 the Hospital added the Lahey Building to provide additional inpatient units and support services. In 1970, the Hospital acquired land and buildings contiguous to the Hospital from the Robert B. Brigham Hospital.

Beginning in 1969 with the pioneering orthopedic work of Otto E. Aufranc, M.D., the Hospital and its staff physicians gained international recognition in the area of orthopedics. The staff has been actively involved in designing various prostheses, improving techniques for hip surgery, and developing protocols for follow-up care. The development of one hip prosthesis is so closely associated with the Hospital that it was named the "New England Baptist Hospital Hip". Members of New England Baptist Hospital have been pioneers in the area of sports medicine and care for a wide range of amateur as well as professional athletes, including the Boston Celtics.

In June, 1994, the Hospital signed an affiliation agreement with New England Deaconess Hospital, under which the two institutions will form a network of health care providers to provide a seamless continuum of services. Part of the affiliation agreement designates responsibility to the Hospital to develop a primary care network to serve the entire network. This health services network will respond to the demands of managed health care and the eventual reform of the health care system by providing a more prevention-oriented, rational, and comprehensive approach to health services. Although the Hospital has become affiliated with New England Deaconess Hospital, it will continue to operate at its campus in Mission Hill.

Mission Statement

The mission of the New England Baptist Hospital is to deliver high quality, gracious patient-centered, inpatient and outpatient health care. The present focus is in medical and surgical specialties, in particular, orthopedics and cardiology. As such, the Hospital is dedicated to the delivery of specialized care to all patients, whether from Boston or from half-way around the world.

The institution recognizes the value of education and the benefits of medical research. Therefore, the Hospital remains committed to its ongoing programs of graduate medical education, its School of Nursing and clinical research for the well-being of the present and future patients.

The Hospital has completed a comprehensive planning process involving members of the Medical staff, Trustees and administration managers. The major components of the Hospital's current strategic plan include:

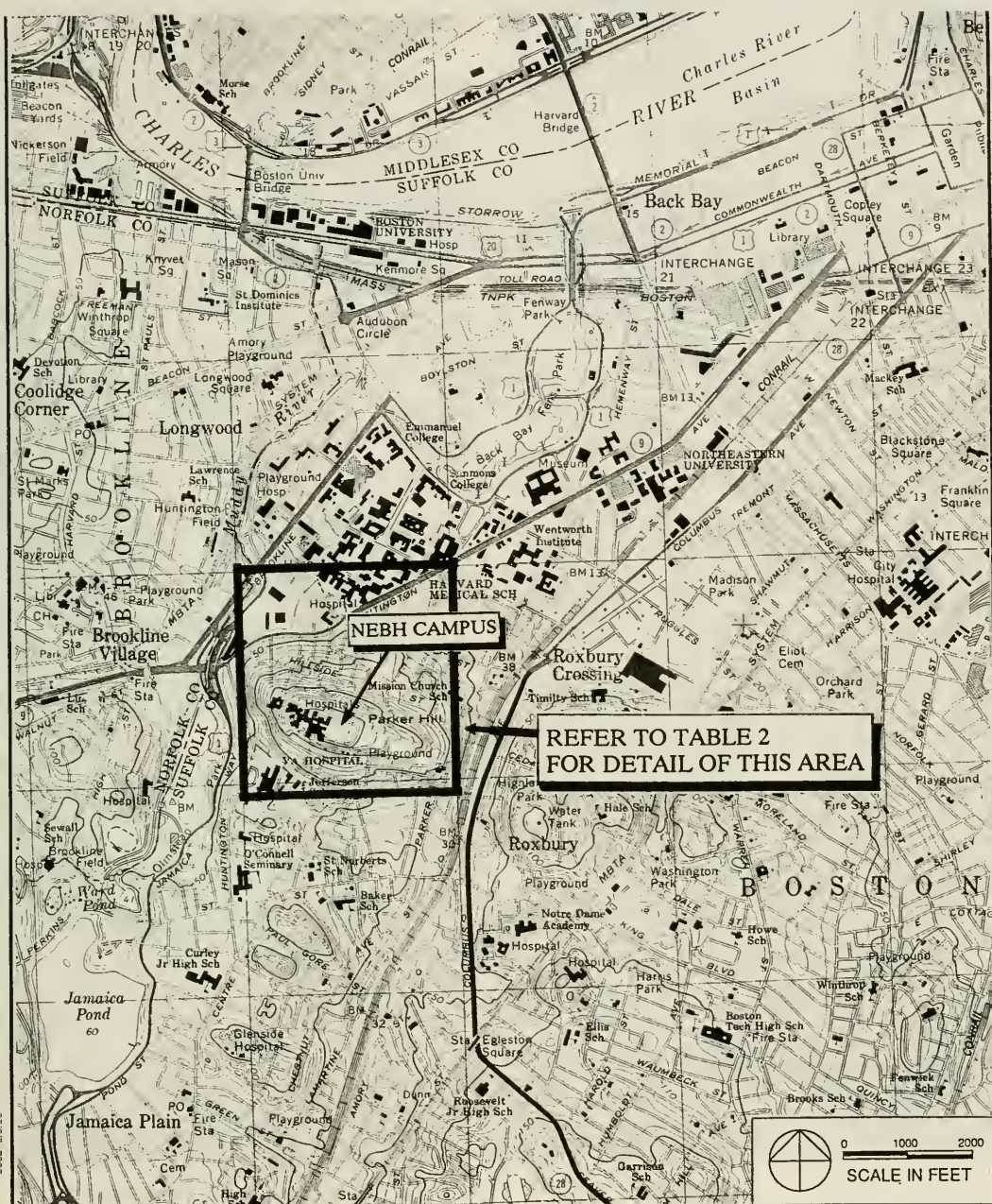
- o The Hospital will remain a tertiary referral institution located on its present 19 acre campus in Mission Hill.
- o The patient mix will be approximately:
 - 40% orthopedics
 - 20% surgery
 - 40% medicine
- o The Hospital will expand its ambulatory services in order to respond to the shifts in the delivery of health care.
- o The Hospital will establish additional relationships and affiliations with other health care providers in order to improve access to the Hospital for participants in managed care programs.
- o The Hospital will continue to establish clinical programs with the Medical staff and other health care providers as needs and opportunities arise.

Organization of Health Services

The Hospital's medical staff is organized into three admitting departments: Orthopedic Surgery, Surgery and Medicine. For fiscal 1993, these departments represented 41.1%, 18.6% and 40.3% of the Hospital's admissions, respectively.

The Department of Orthopedics has an international reputation and expertise in primary artificial joint implantation of the hips, hands, feet, ankles and knees, revisions of previously performed implant surgery, arthroscopic surgery, adult spine surgery, physiatry, and sports medicine. The Department of Surgery has subspecialties and expertise in gynecology, neurosurgery, ophthalmology, oral surgery, otolaryngology, plastic surgery, thoracic surgery, urologic surgery and vascular surgery. The Department of Medicine has subspecialties and expertise in allergy and immunology, cardiovascular disease, dermatology, endocrinology, gastroenterology, hematology, medical oncology, nephrology, neurology, pulmonary disease and rheumatology.

The Hospital has an extensive array of support services needed to care for complex medical and surgical patients including specialized laser and micro-surgery capabilities, anesthesia, radiology, laboratory and blood bank, physical and occupational therapy, neurologic and cardiac testing. The Hospital also has outpatient and diagnostic capability and an active ambulatory surgical program. Also housed in the Outpatient Services area is the Immediate Care Center, a walk-in and urgent care facility which is open seven days a week between the hours of 8:00 a.m. and 8:00 p.m.



NEW ENGLAND BAPTIST HOSPITAL
TABLE 1

LOCATION MAP



Possible Terrace Street
Satellite Parking Lot

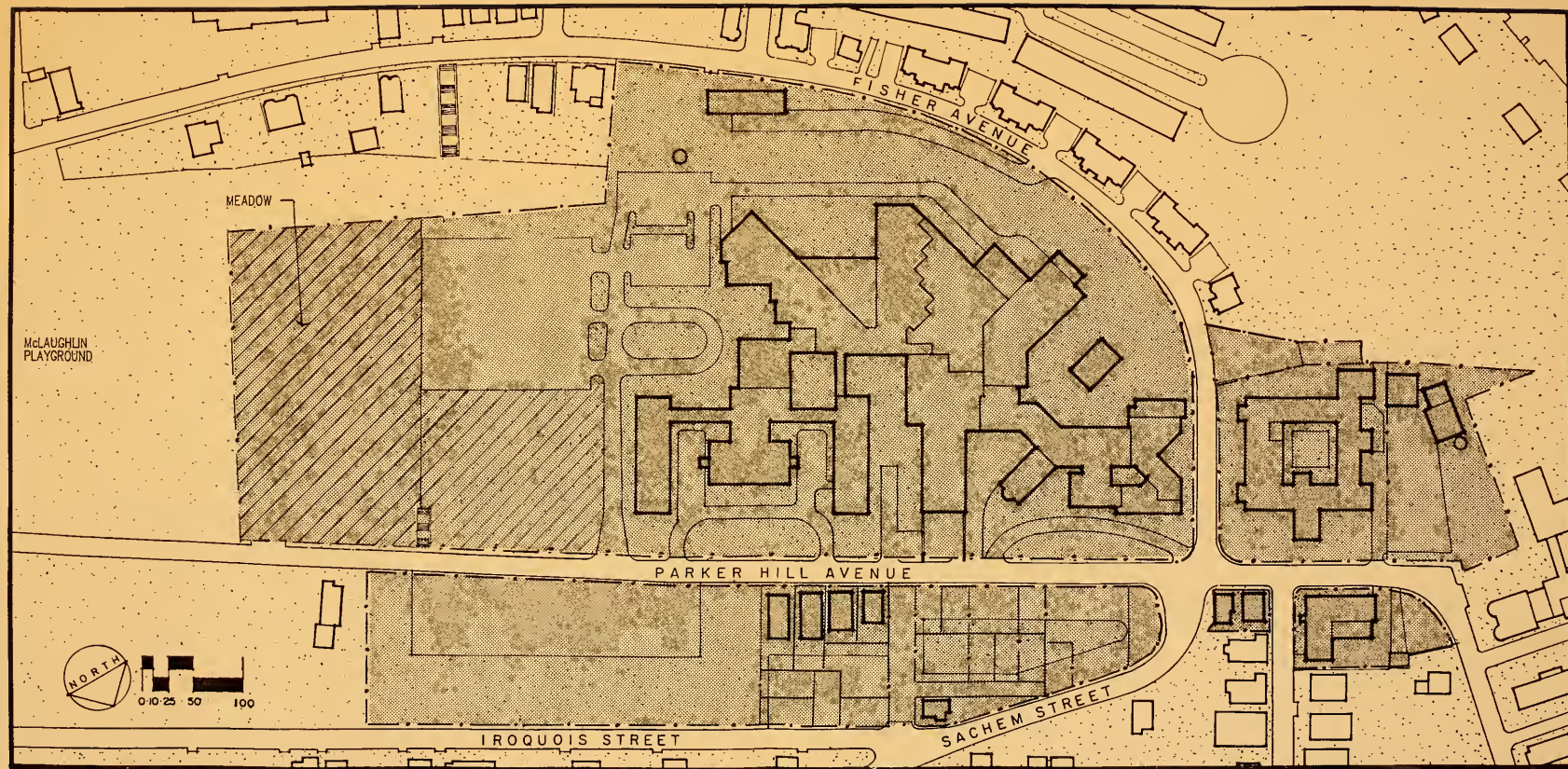
NEBH CAMPUS

Photographed April 13, 1992
Scale: 1" = 40'

NEW ENGLAND BAPTIST HOSPITAL

TABLE 2

AERIAL PHOTO



EXISTING NEBH
LAND OWNERSHIP
JULY 1994

NEW ENGLAND BAPTIST HOSPITAL
TABLE 3

2. HOSPITAL FACILITIES

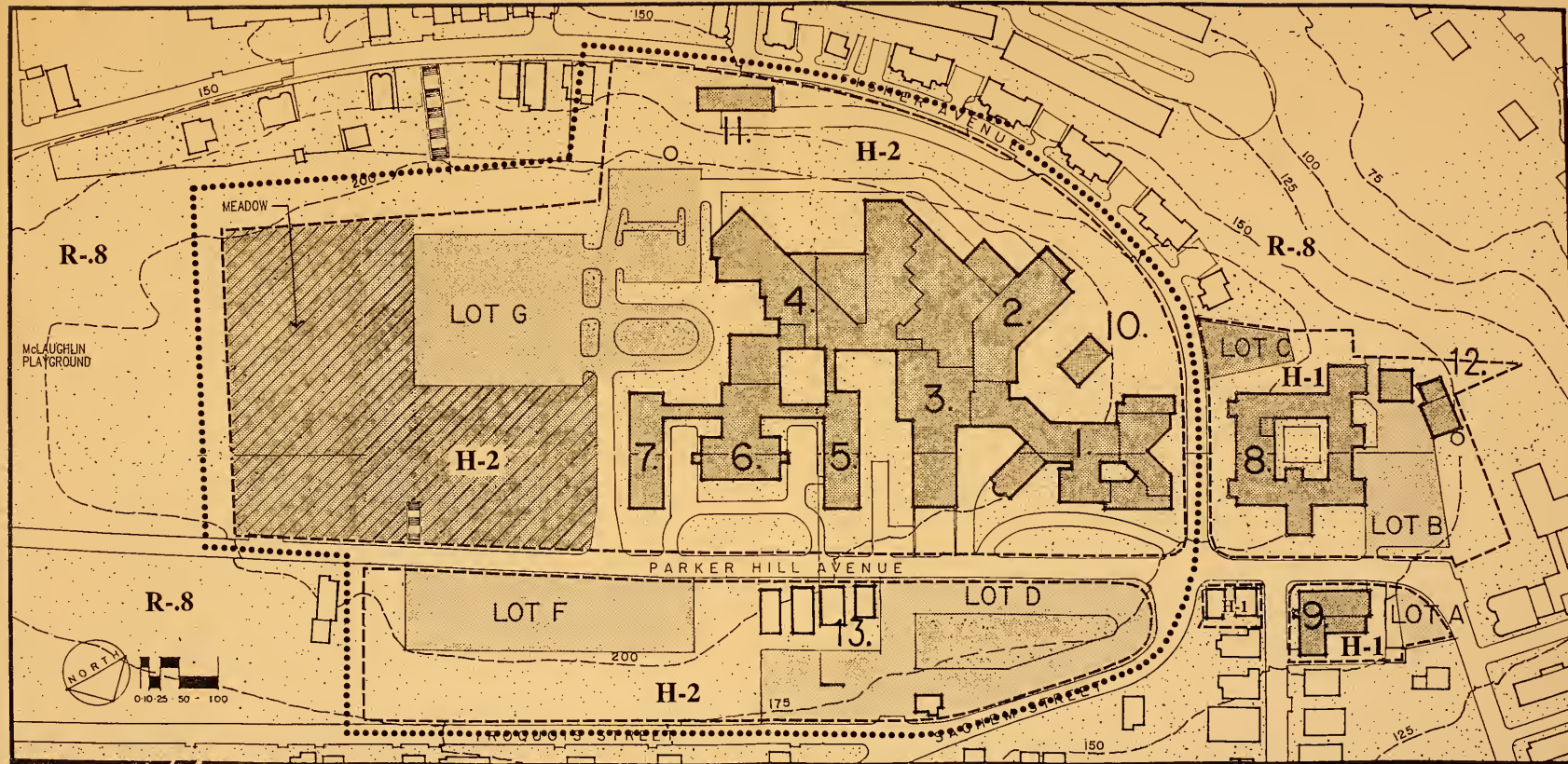
The Campus

New England Baptist Hospital is located on Parker Hill Avenue, at the top of Parker Hill (see Location Map, Table 1, and Aerial Photo, Table 2). The central campus is bordered on three sides by City streets, and on the fourth side by a City playground. It is located on a hilltop, with terrain dropping off quite steeply on three sides (see Land Ownership Map, Table 3, and Site Sections, Table 8). The campus has developed from the original Main Building, growing incrementally to the Southeast over the past century, with the latest addition being the Jenks Building, which was completed in 1986. The following pages describe the existing campus.

Zoning Districts

The central area of the campus, between Parker Hill Avenue and Fisher Avenue, is located in an H-2 (residential) district. The area to the west of Fisher Avenue comprising the Nursing School, is located in an R-.8 district, which is a general residential district. The lots to the north of Parker Hill Avenue are located in an H-2 district. The lots to the west of Sachem Street are in an H-1 district, and are also directly adjacent to R-.8 districts.

All of the Hospital's campus is located within the Mission Hill Interim Planning Overlay District (IPOD) pursuant to Article 27M of the Boston Zoning Code. A portion of the Hospital's land on the northerly side of Parker Hill Avenue, encompassing Lot F, parts of Lot D, and several vacant residential buildings, has been designated as a Special Study Area within the Mission Hill IPOD.



NEW ENGLAND BAPTIST HOSPITAL
TABLE 4

ZONING MAP

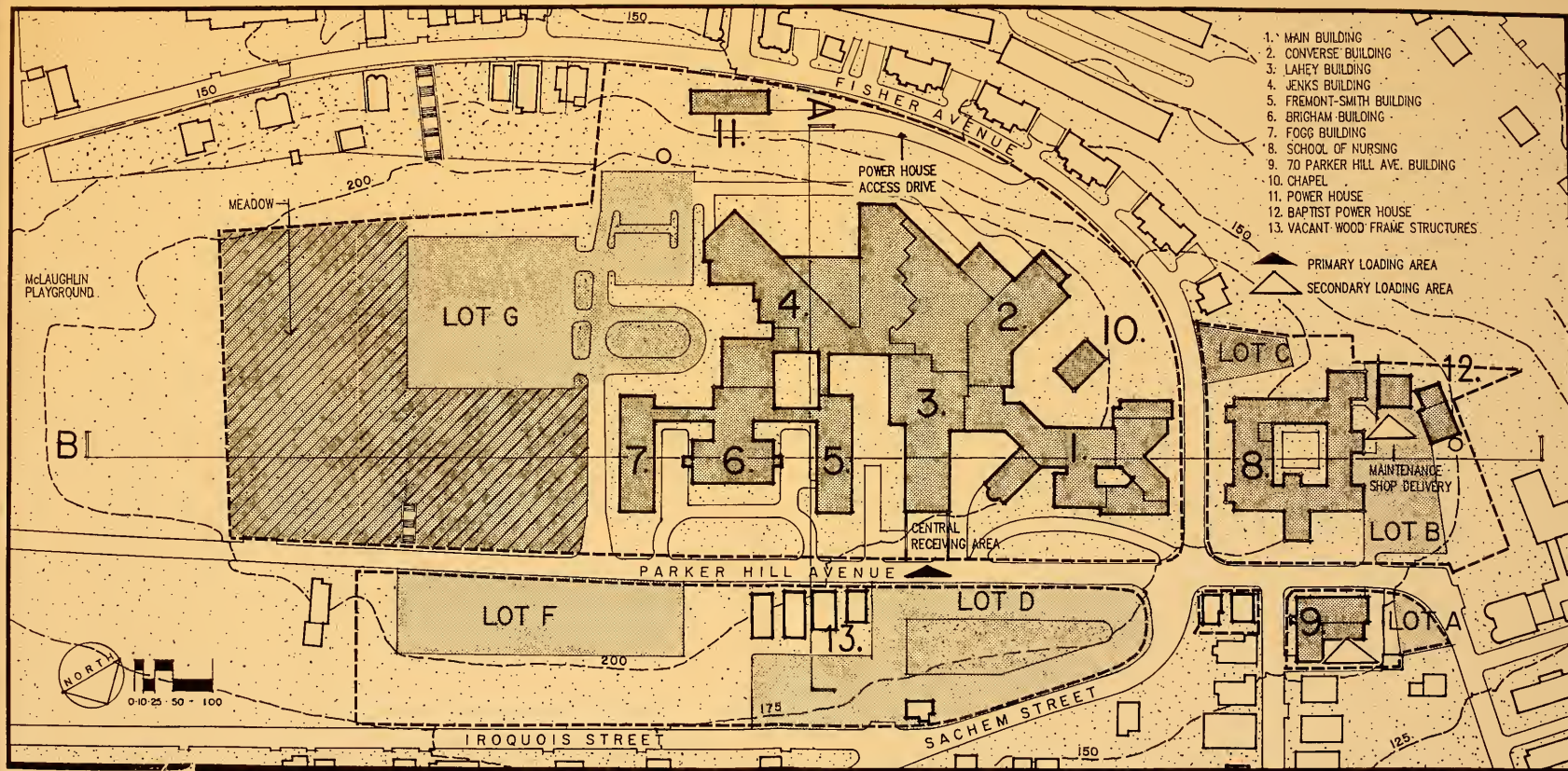
Existing Facilities

Table 5 on the following page describes the principal buildings on the New England Baptist Hospital campus. Each building identified in the following Existing Facilities diagram (Table 6), is described in terms of size, age, the functions which it houses, and the number of people employed. The total land area owned by the Hospital comprises approximately 820,000 square feet, or about 19 acres; the buildings listed on the following page total 451,300 square feet, for an average floor area ratio (FAR) of about .55. When all buildings on the New England Baptist Hospital campus are included in the tabulation of square footage (i.e., including currently vacant buildings slated for demolition as part of a Master Plan Project), the existing floor area ratio is .58. This is well below the FAR 2.0 that is permissible under existing zoning regulations.

BUILDING SIZE, CONDITION, AND USE

		<u>Gross S.F.</u>	<u>Levels</u>	<u>Year Built</u>	<u>Uses</u>	<u>Employees</u>	<u>Height</u>	<u>Footprint</u>	<u>FAR¹</u>
1.	Main Building	66,000	5	1924	Admin. support, Medical offices	285	42'	15,000	.12
2.	Converse Building	59,000	6	1937	Radiology, Physical Therapy, patient beds, and outpatient services	130	70'	9,800	.10
3.	Lahey Building	70,000	5	1954	General stores, kitchen, dining, patient beds	212	66'	14,000	.12
4.	Jenks Building	97,000	5	1986	Lobby, Admitting, Operating Rooms, Intensive Care Unit, patient care	395	40'	25,000	.17
5.	Fremont-Smith Building	22,500	4	@ 1914	Laboratory, Pharmacy, Medical Offices	121	46'-52'	5,600	.04
6.	Brigham Building	27,500	3	@ 1914	Medical Offices	8	46'-52'	9,000	.05
7.	Fogg Building	16,800	3	@ 1914	Medical Offices	---	46'-52'	5,600	.03
8.	School of Nursing	60,000	5	@ 1924	Admin., classrooms, and dormitory	41	@ 20'-50'	12,000	1.25
9.	70 Parker Hill Ave. Building	26,000	6	@ 1946	Laundry, Medical offices	23	44'-56'	2,400	1.47
10.	Chapel	1,900	1	1962	Chapel	2	5'-20'	1,900	.003
11.	Power House	4,600	1	@ 1914	Power Plant	---	8'-26'	4,600	.008

¹ FAR for buildings located on main campus are calculated based upon consolidation for zoning purposes of the existing 3 lots.



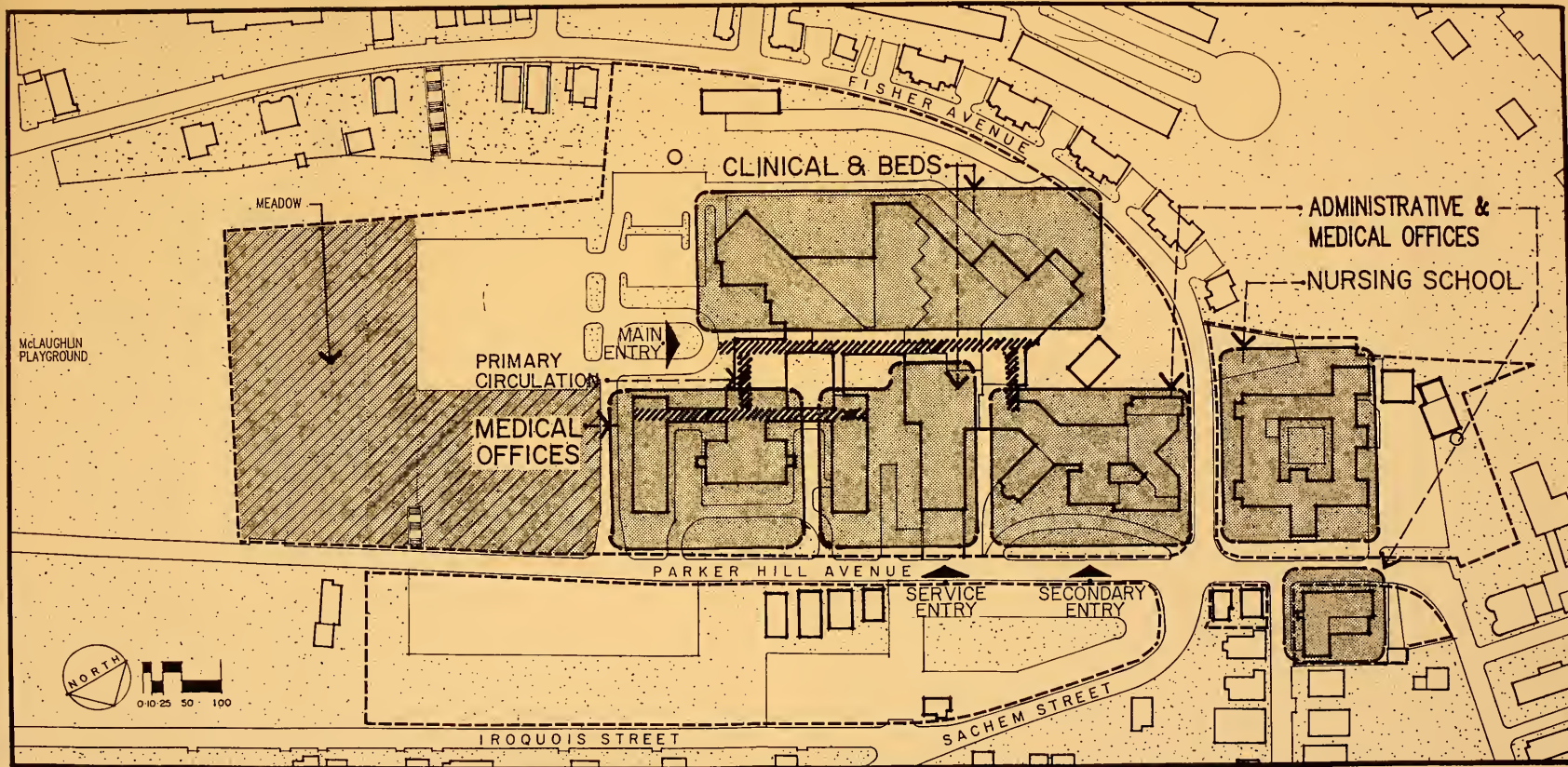
NEW ENGLAND BAPTIST HOSPITAL
TABLE 6

EXISTING FACILITIES

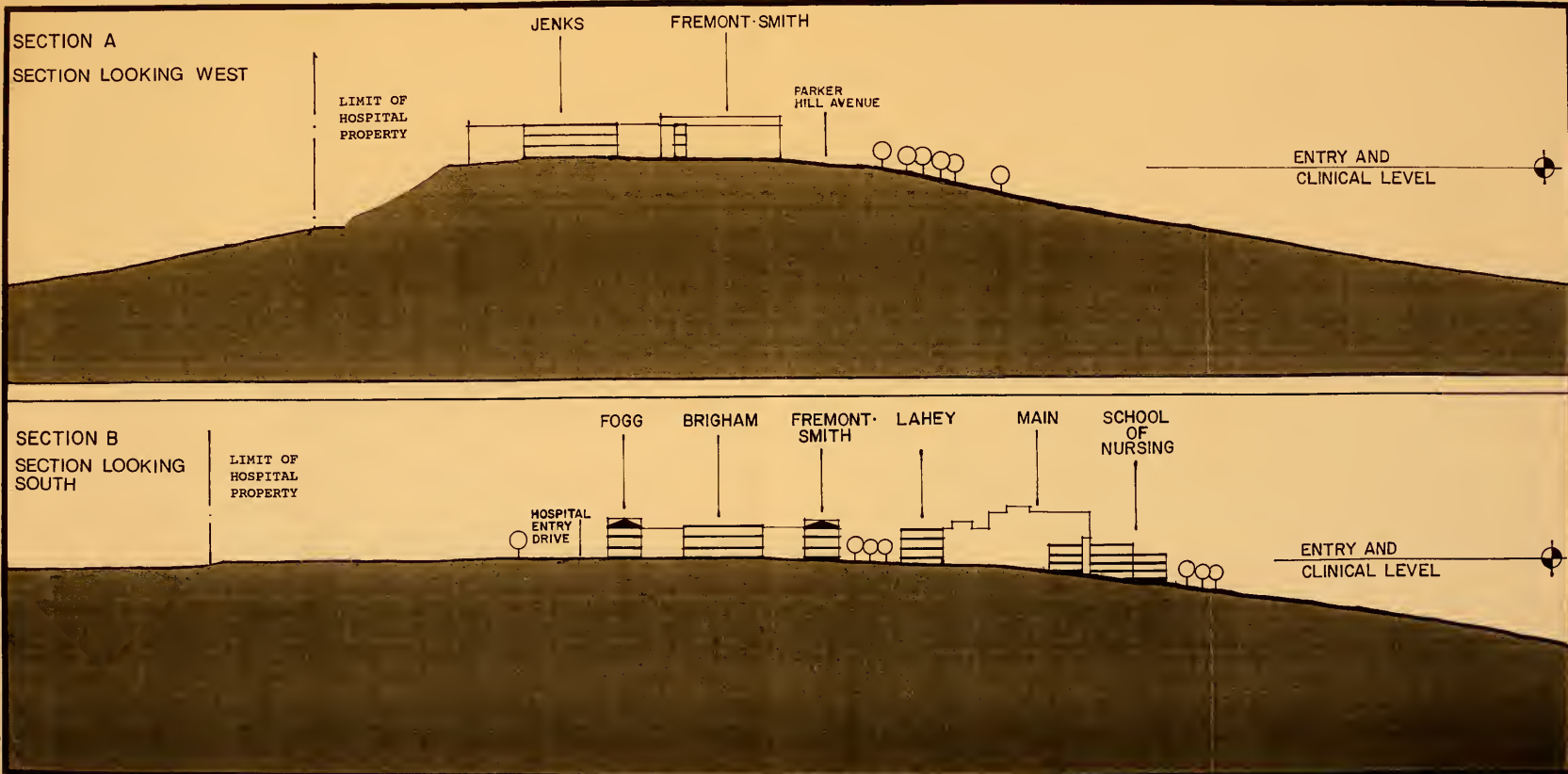
Organization by Function

The map on the next page graphically describes the "functional zoning" of the Hospital, and identifies the principal points of access. The major organizational element is the corridor system, labelled "Primary Circulation" on the map; it functions as a "Main Street" by which visitors, staff, and equipment reach all areas of the Hospital. Functionally, the Hospital has a core of clinical departments and inpatient beds to the south and at the center of the main building clusters, with medical offices and support functions to the east and west.

The "Organization by Function" map (Table 7) is followed by two site sections (Table 8); please refer to the "Existing Facilities" map (Table 6) for the location of these site sections. "A" is North-South, perpendicular to Parker Hill Avenue; "B" is parallel to Parker Hill Avenue. These sections emphasize the fact that the Hospital is built on a hilltop, with a relatively steep drop-off on three sides.



ORGANIZATION BY FUNCTION



SITE SECTIONS

3. PROGRAM NEEDS OF THE HOSPITAL

The previous pages have described the New England Baptist Hospital, both physically and organizationally. The next pages describe what specific needs the Hospital is facing now and in the foreseeable future. The Program Needs of the Institution describes the general functional needs of the Hospital; the following section, Proposed Future Projects to Respond to Program Needs, describes the physical building projects which are being considered to respond to the functional needs. The "Project Key" following this section (Table 10) locates the physical building projects on the Hospital campus. There are, however, program needs which are developing, and which need to be addressed over the next five years. Those program needs are:

1. Ambulatory Care

Over the past five years the Hospital has experienced considerable demand by physicians for quality accessory medical offices on the Hospital Campus. As of this date, the Hospital accommodates some 50 physicians in the Main Building, Brigham Building, Fremont-Smith Building, Fogg Building, and the 70 Parker Hill Avenue Building. (See Tables 5, 6, and 7)

The existing buildings cannot continue to meet the demand for accessory medical office space. The program need is for accessory medical offices which are contiguous to the Hospital campus, which are clearly accessible to patients and visitors and have easily accessible parking. The Hospital anticipates the need for office space to accommodate up to 40 physicians over the next five years.

2. Upgrading of Inpatient Beds

The Hospital recognizes the need to maintain a high standard for inpatient beds. The patient care units located in the Lahey Building on Levels 4 and 5, have recently been upgraded for the first time since 1954, and the Converse Building patient care units are undergoing a planned, moderate renovation concentrating on finishes. The Converse Building was built in 1936, and the patient care units will continue to be below current minimum standards even after the renovations; there are few private bathrooms, the air conditioning system is inadequate, and there is an inefficient layout for maximizing staffing and efficiency.
3. Outpatient Services

As is the case throughout the health care industry, the demand for outpatient care at the New England Baptist Hospital has grown more rapidly than the demand for inpatient care. It is the Hospital's intent and expectation that this will continue to be the case. (See page 5, Mission Statement) The Hospital needs to develop clinical service areas dedicated to the ambulatory patient, and adjacent to the accessory medical offices which serve those patients.
4. Parking

With the increase in demand for accessory medical offices and the trend toward ambulatory services discussed above, the Hospital needs to address parking needs and the convenience of parking for the Hospital's patients while balancing the needs of its residential neighbors.

5. Landscape Improvements
- The Hospital is committed to improving the environmental quality of the community in which it is located. Several of the projects under consideration present the opportunity to address landscaping in a way that would benefit the Hospital and the larger community. For example, the main approach to the Hospital is Parker Hill Avenue, and it would be a clearer, more pleasing access with landscape improvements which the Hospital proposes to undertake at its expense.
- The Hospital is also working with the City of Boston's Parks and Recreation Department and the community to design an extension of the proposed landscape improvements which the Hospital plans to undertake on the existing Meadow at the eastern portion of its campus, to the "Fourth Tier" of adjacent McLaughlin Playground, in order to create a large, pastoral public area for passive recreational purposes.
6. Surgery Expansion
- New England Baptist Hospital is renowned for the quality of its surgical services. The increase in surgical volume is putting pressure on the existing operating room capacity. There is a projected need to increase the number of operating rooms.
7. Auditorium
- There is currently no space at New England Baptist Hospital where the medical staff, employees, and/or students can convene as a group. There is a need for a 150-200 seat auditorium for lectures, conferences, meetings, and classes, especially as the Hospital expands its educational outreach activities.

8. Education and Research
- The tertiary referral nature of New England Baptist Hospital in the future will be strengthened and enhanced by expanded education and research activities. Space that is outfitted and dedicated for education and research uses will need to be developed although the nature of the education and research space requirements has not been defined at this time.

Beyond 1999

At this time, no specific program needs beyond 1999 have been identified. However, the Hospital must be prepared to adapt in the future and do what must be done to insure quality health care into the next century.

4. PROPOSED FUTURE PROJECTS TO RESPOND TO PROGRAM NEEDS

1. Ambulatory Care Building, Parking Structure and Landscape Improvements

The Hospital has concluded that the best location for a new on-campus Ambulatory Care Building is in the open area on the main campus, to the east of the Fogg Building. This site has the advantage of adjacent parking facilities, space for accommodation of additional parking, clear access to the Hospital and the potential for linkage with main Hospital buildings.

The facility will accommodate supportive clinical services as well as accessory medical offices. These services may include radiology, physical therapy, occupational therapy and other diagnostic and treatment programs. The building will be three stories above existing grade. The existing grade along the north side of the building will be cut to allow natural light penetration into the basement level along the north side, making the building nearly four stories along the north facade. The total height of the building will be 51 feet above grade on the south facade and 63 feet on the north facade. The building will consist of approximately 72,000 gross square feet.

Patients using the new Ambulatory Care Building will require convenient parking. The trend toward ambulatory services, and the Hospital's commitment to responding to that trend, will increase the demand for convenient parking. The Hospital is planning to address this demand through construction of a new parking structure on a site comprising a portion of Lot G and currently vacant land to the east of Lot G. This new Parking Structure will have about 142,000 gross square feet accommodating about 422 vehicles. The Parking Structure will be 4-1/2 levels, three above grade and one and one-half levels of parking either at or below grade. The height of the Parking Structure parapets are 23 feet along its northern edge, and 35 feet (maximum) along its sloping southern edge. The increased elevation on the southern edge is due partly to a lower grade elevation on this side.

The third element of this project is the creation of extensive landscape improvements in the area to the east of the proposed Parking Structure, encompassing not only a significant portion of the existing open green area on the Hospital's campus (the "Meadow"), which includes a remnant summit of the historic drumlin, but a portion of adjacent McLaughlin Playground as well (the "Fourth Tier"). The central idea of the proposed landscape improvements is to recall the historic character of "The Great Hill" through creation of a large, passive recreation area of more than 4 acres in size that includes extensive plantings of shade and orchard trees, and pedestrian paths. With a maximum elevation of 235 feet, this new area would expand distant views to the north, west and south and provide dramatic and panoramic views to its users.

The proposed design includes a relatively flat "terrace" area of about 1.5 acres in size for unprogrammed recreational uses, a walking/jogging loop, and a 2.5 acre meadow that rises to an elevation of 235 feet. The meadow would be accessible by means of a paved path, and would be separated from the Hospital driveway by a low stone wall.

Creation of this passive recreation area will not only address a neighborhood need previously identified by the City's Parks and Recreation Department, and may also provide an opportunity to re-create connections to urban pathways that have become overgrown from lack of maintenance. Urban pathways that could be re-created include: 1) stairs leading from Fisher Avenue will connect with the network of accessible walkways within McLaughlin Playground, providing a convenient and accessible connection between Fisher Avenue and Parker Hill Avenue, 2) a pathway from Parker Hill Avenue to the new meadow area to be created in the Fourth Tier; and 3) strengthening the pedestrian connection of the former Oswald Street, directly east of the Hospital's Parking Lot D between Parker Hill Avenue and Iroquois Street.

As part of the approvals process for the Ambulatory Care Building/Parking Structure Project and the Master Plan, the Boston Parks Commission has voted to approve the proposed "Fourth Tier" improvements and the construction of the Project within 100 feet of a City park. In addition, the Hospital will enter into a Cooperation Agreement that will detail the Hospital's commitments in a range of areas, including the urban pathways and construction and maintenance of the Fourth Tier improvements. The proposed Cooperation Agreement is intended to supersede an agreement entered into between the Hospital and the City's Inspectional Services Department in June, 1986, and is discussed in Section 8 of this Master Plan.

With respect to open space matters, the Cooperation Agreement will include the Hospital's agreement to (1) construct the Fourth Tier improvements (at a cost of up to \$100,000) in conjunction with the Hospital's construction of the Ambulatory Care Building and Parking Structure, (2) continue to maintain McLaughlin Playground for an additional ten years, including the improved Fourth Tier, (3) work with the City and the community to plan and implement an agreed-upon system of pedestrian pathways within the Parker Hill area, (4) grant a perpetual conservation restriction to the City for the 1.5 acre Hospital-owned Meadow west of the proposed stone wall that will separate the new driveway and the improved Fourth Tier, (5) maintain the protected conservation area, and (6) provide some administrative support for summer programs at McLaughlin Playground over the next five years. The conservation restriction will ensure that the Meadow can be enjoyed by the public as part of the new open space area.

2. Upgrading of Inpatient Beds

The long term plan is to replace all of the existing Converse inpatient care units and increase existing inpatient bed capacity by building up to two new floors on the Jenks Building, which has the structural capacity to support the new construction. These additional floors could potentially accommodate up to 140 beds. With the recent renovation of the Lahey Building patient care units, all of the Hospital's patient care units would then be new or extensively renovated. The two new floors on the Jenks Building would raise the parapet height by about 30 feet, or about 70 feet above the grade at the existing front door, and would add about 61,000 gross square feet to the building.

3. Outpatient Services Space

In 2. above, the long term plan to replace the Converse inpatient care units was discussed. The floors of Converse which accommodate patient care units, levels 4, 5, 6, and 7, will be vacated when those beds are relocated to the new nursing units in the Jenks Building. This will free up approximately 30,000 gross square feet in the Converse Building, near the center of the Hospital (see Table 6). The plan is to convert this space to outpatient services, potentially including endoscopy, outpatient oncology, cardiology, clinics, and dialysis functions. The advantage of this location is its proximity to Hospital departments such as surgery, radiology, physical therapy, and outpatient cardiology, and to existing outpatient services at the Hospital. As these projects would involve interior renovations only, no new square footage would be added to the Hospital campus.

4. Parking

In addition to the Parking Structure to be constructed in conjunction with the Ambulatory Care Building, the Hospital is considering the acquisition of an existing commercial parking lot located at Terrace and New Heath Streets, approximately 1/2 mile from the Hospital's campus, to serve as an additional satellite parking lot for approximately 120 employee vehicles. (Refer to Table 2 for illustration of the general lot location and size) This property currently contains under-utilized buildings as well as a parking lot. If this property is acquired by the Hospital, the existing buildings would be demolished and the property would be upgraded through improved lighting, landscaping work, and the construction of a guardhouse. A Hospital shuttle van would transport employees between the lot and the Hospital's main campus.

In conjunction with its negotiations to acquire the Terrace Street property, the Hospital continues its efforts to identify other sites both within and outside of the Mission Hill neighborhood that could house cost-effective satellite parking lots for Hospital employees. In addition, the Hospital will continue to address its parking issues through a multi-faceted transportation management strategy which involves parking management and continued support of the use of public transportation by Hospital employees, staff, and visitors. These efforts are discussed in the Parking Management and Mitigation Plan presented in Section 7 of this Master Plan.

5. Landscape Improvements

The following description of the design opportunities and landscaping concepts on Parker Hill was written by Child Associates, Inc., the Hospital's landscape architect.

The landscape master plan has been developed in response to the New England Baptist Hospital's spectacular location on the top of Parker Hill, Boston's largest unaltered drumlin¹. Parker Hill provides spectacular views stretching east from Boston Harbor to the westerly mountains of Massachusetts.

¹ Bellevue Hill to the West, in West Roxbury, is 40' higher at 260'. Parker Hill is 220', but of greater length and breadth.

The landscape master plan recalls the early open rural character of Parker Hill, "The Great Hill" as it was in the late 17th, 18th, and early 19th centuries - a farm estate, covered with apple orchards, lying across Roxbury Neck, safely removed from the developers' blade that leveled the many drumlins of the city. The landscape master plan, by its response to the Hospital's elegant oval-shaped drumlin stretching $\frac{2}{3}$ of a mile in length and $\frac{1}{4}$ of a mile in width, not only pays tribute to the campus' rural past, but also celebrates this unique glacial phenomena of New England's geological past. Today, the base and lower slopes of Parker Hill are covered with frame houses packed tightly on a close grid of streets. The summit of the hill to the north, is partially occupied by the varied low-rise buildings of the New England Baptist Hospital and its adjacent parking. The rest of the summit to the south is open, a broad stretch of playgrounds, meadows and wooded areas.

The landscape master plan unifies the New England Baptist Hospital campus and its new Ambulatory Care Building by a grid cover of orchard trees, which reaches across the top of the hill, penetrating the Hospital's open spaces, and covering its east facing slopes, and lacing through the existing parking areas below with its orderly alignment of fruit trees.

The streets which stretch across the hill - such as Parker Hill Avenue and Sachem Street are to be lined with shade trees in the rural tradition of New England, spaced so as to provide generous views to the city, the sea, hills and mountains. The shade trees lining the streets will also mark and clarify the new vehicular entrance to the Hospital and provide graciousness, continuity, and beauty to the pedestrian experience on Parker Hill. The vacant houses and collapsing retaining walls which presently deface the profile and appearance of the hill along Parker Hill Avenue will be removed in favor of green slopes and orchard cover. The steeply sloped wooded area north of Lots D and F will be retained as is, and the Hospital's landscape plan will increase the green buffer zone separating the parking areas from the residences across the street.

The Hospital proposes to undertake two additional landscape improvement projects following construction completion of the Ambulatory Care Building/Parking Structure Project.

Parker Hill Avenue Streetscape Improvements

In order to create a more attractive, integrated and clear approach and entry to the Hospital's campus, a Parker Hill Avenue streetscape project is planned, encompassing four elements: 1) the planting of shade trees, spaced as to provide generous views to the city, the sea, the hills and the mountains; 2) the elimination of secondary entrance drives and the reversion of those areas to planned open space; 3) the removal of collapsing retaining walls along Parker Hill Avenue and the installation of additional plantings and orchard cover in their stead; and 4) street lighting improvements. The significant new tree plantings would help mark and clarify the new vehicular entrance to the Hospital to be constructed as part of the Ambulatory Care Building/Parking Structure Project, and provide graciousness, continuity, and beauty to the pedestrian experience on Parker Hill Avenue.

These streetscape improvements will include improving the visual quality of the Hospital's main service entrance between the Lahey and Main Buildings, and be integrated with the landscape improvements planned for Parking Lots D and F, which are discussed below.

Implementation of these streetscape improvements is planned for 1997.

Parking Lots D and F/Sachem Street Improvements

The Hospital plans to substantially improve the visual appearance of Lots D and F, as well as their operational efficiency, through an extensive reconstruction program that would have four elements: 1) removal of the existing vacant residential structures; 2) regrading of the area to create one consolidated lot that has an improved circulation plan with only one driveway onto Parker Hill Avenue; 3) creation of a 20 foot wide landscaped area along Sachem Street, in order to create a natural buffer zone between the parking lot and nearby residential uses; and 4) extensive landscaping along the remaining perimeter of the parking lot to further

shield it visually. The existing steeply sloped wooded area approximately 100 feet wide and 400 feet long on Iroquois Street directly north of Lot F would be retained in its existing form as undeveloped open space that further buffers the parking uses from adjacent residential uses. The combined capacity of the lots would decrease from 223 cars to about 200 cars, largely because of the significant increase in the landscaped area that is proposed.

The Hospital and members of the community have identified the widening of Sachem Street at the northwest corner of Lot D as an important contribution to safer traffic circulation on this key local street. The Hospital's consultants have developed a conceptual plan for the widening of Sachem Street beginning at the point of curvature to the intersection rounding of Parker Hill Avenue, and extending and curving northeasterly about 100 feet along a radius of about 80 feet. This change in the curvature of the sideline of Sachem Street would result in a widening of about 10 feet of the travelled public way. (See Table 11)

In order to make this street widening and sidewalk reconstruction project possible, as part of the Lots D and F improvement project (and as detailed in its Cooperation Agreement), the Hospital will grant a permanent easement to the City for approximately 500 s.f. of land located within Lot D and construct the improvements at a cost of up to \$30,000. This project will be undertaken in consultation with City agencies and boards, including the Boston Transportation Department and the Public Improvements Commission. Depending upon community input during the project design phase, this undertaking could include the elimination of about 12 on-street parking spaces on the north side of Sachem Street, which would optimize the effectiveness of the proposed physical improvements.

Since Parking Lots D and F will need to be used for visitor and patient parking during the construction of the Ambulatory Care Building/Parking Structure Project, this landscape project would take place subsequently, in 1997.

6. Surgery Expansion

As demand for surgery increases, the Hospital needs to add additional operating rooms and support space. The existing surgical suites were designed to accommodate expansion to the south of the Jenks Building. The size, cost and design of this addition will be a function of demand and economics. Its general location is proposed to be between the two existing wings of the Jenks Building, as shown on the "Master Plan Projects Key" diagram (Table 10). This project would comprise approximately 22,000 gross square feet of new construction and be approximately the same height as the existing surgery, which is approximately 18 feet above the existing Hospital front door.

7. Auditorium

Conceptual plans for a 150-200 seat auditorium have been drawn. It would be located in a two-story addition adjacent to the cafeteria on the main level of the Hospital, easily accessible to all potential users. It would be approximately 28 feet in height and involve approximately 7,000 gross square feet of new construction.

8. Research Facility

As the specific research programs are developed, space needs will be developed. At this time, no size or location for a research program has been identified, although it is clear that research activities would take place in renovated space rather than new construction.

The Hospital has in the past, gone to considerable lengths to ensure that new construction is sympathetic to the existing campus. New buildings have acknowledged existing buildings in the careful use of material like brick and white windows, as well as in their height and massing. It is the Hospital's intent to continue this respectful approach as new projects are designed.

Schedule for Implementing Future Projects

Planning and design work for the Ambulatory Care Building, Parking Structure and landscape improvements to the Meadow and "Fourth Tier" of McLaughlin Playground is underway. These project elements are proceeding simultaneously in order to guarantee a coordinated, integrated design. The estimated construction starting date is October, 1994.

There are plans for constructing the surgical suites addition by 1996.

There is currently no schedule for replacement of the Converse Building beds through new construction in the Jenks Building. Limited spaces within the Converse Building on levels 4 and 5 have recently been renovated to accommodate clinical services such as the dialysis unit, endoscopy, and respiratory therapy, although the balance of space on Converse levels 4, 5, 6, and 7 will not be available until Converse floors are no longer used as inpatient units.

Table 9 illustrates when the projects proposed in this Master Plan are anticipated to be undertaken.

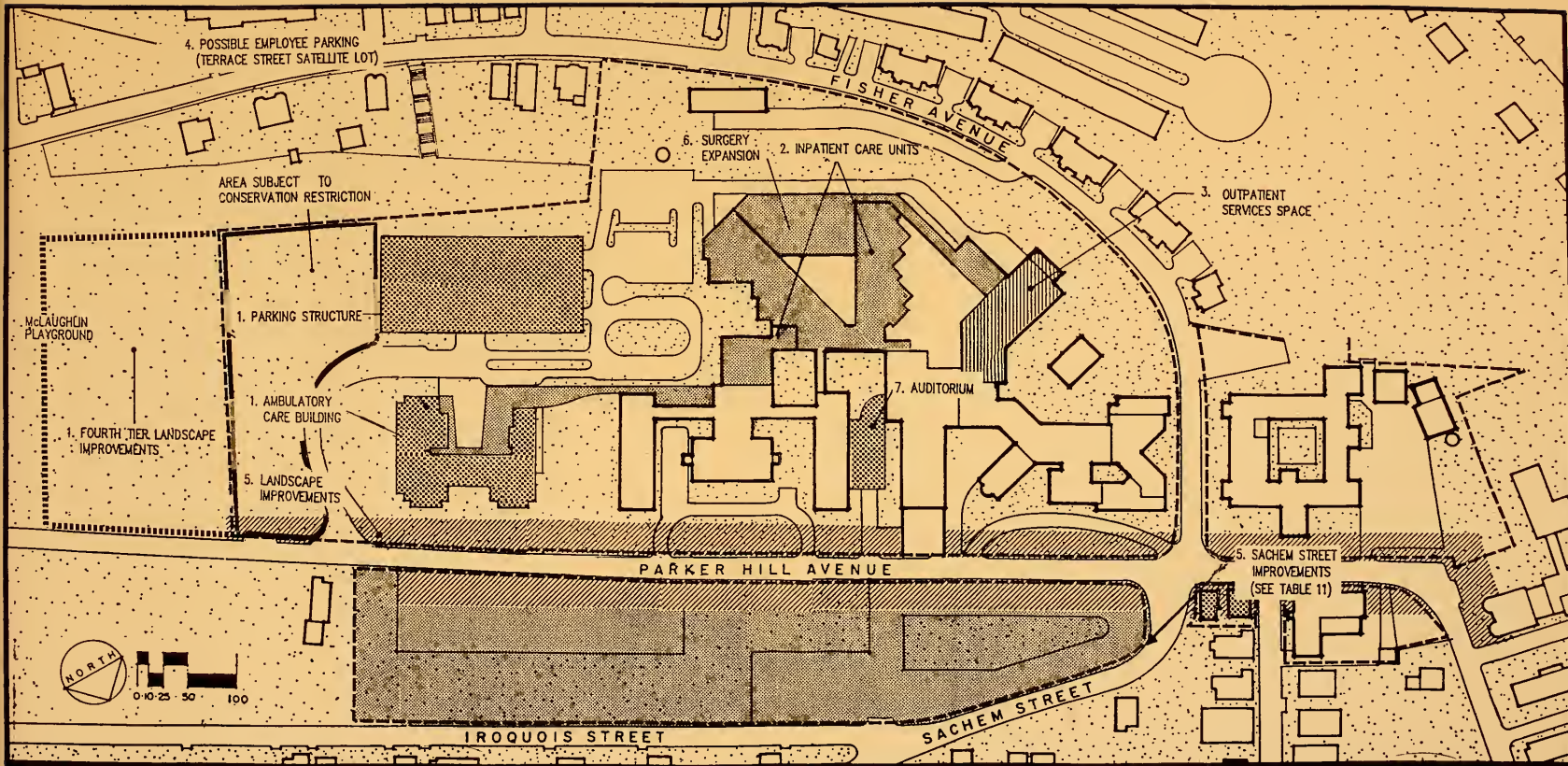
Future Zoning and Effect of Master Plan Projects

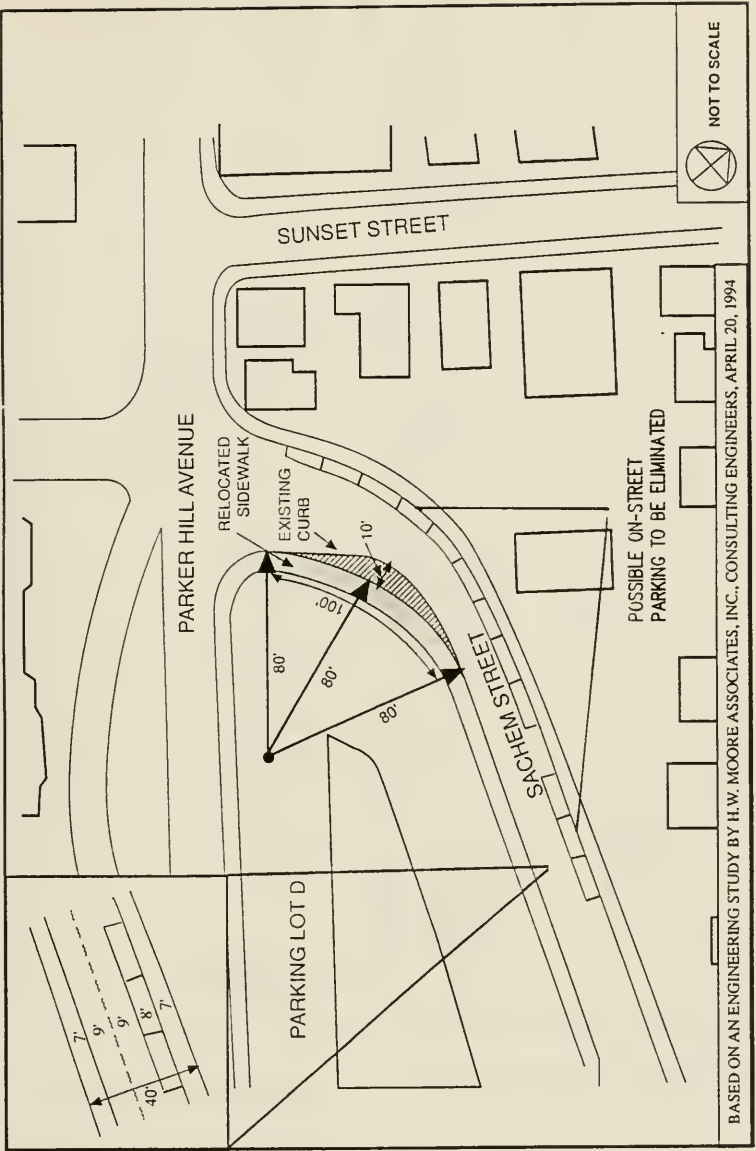
Article 27M of the Boston Zoning Code, which created the Mission Hill Interim Planning Overlay District, calls for new permanent zoning to be put into place for the entire Mission Hill neighborhood during 1994. It is anticipated that when that occurs, the Hospital's campus would comprise an "I" (Institutional) subdistrict, in which the projects outlined in this Master Plan could be developed as presented without the need for further zoning relief.

If constructed as outlined in this Master Plan, all of the proposed Master Plan projects would collectively increase the average existing floor area ratio (FAR) on the Hospital's campus from .55 to approximately 1.0. This would be well below the existing FAR of 2.0 under the current H-2 zoning which governs most of the Hospital's campus. The proposed increase would occur through careful planning and landscape improvements so as to maintain the distinctive positive impact of open spaces on the Hospital's campus. The existing structures are all moderately scaled, ranging from one to six stories in height. The east smoke stack is the only tall (about 130 feet high) structure on the campus. The proposed projects will all be similarly small-scale in nature, accommodating a height limitation of about 100 feet above the grade at the existing Hospital front door, excluding the smoke stack. This would help ensure that the panoramic vistas from Parker Hill to Boston and beyond, as well as views from within Mission Hill to Parker Hill, would be maintained.

Table 9: Preliminary Schedule for Implementing Future Projects

<u>Construction Start Dates</u>	<u>1994</u>	<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>
1. New Ambulatory Care Building, Parking Structure and Fourth Tier Landscape Improvements	X	X				
2. Jenks Building Expansion						X
3. Converse Building Renovations	X	X	X			
4. Parking						
o Terrace Street or other Satellite Lot	X					
5. Landscape Improvements						
o Parker Hill Avenue				X		
o Lots D and F Improvements/ Sachem Street Improvements				X		
6. New Surgical Suites Addition			X			
7. New Auditorium					X	
8. Renovation for Research			X			

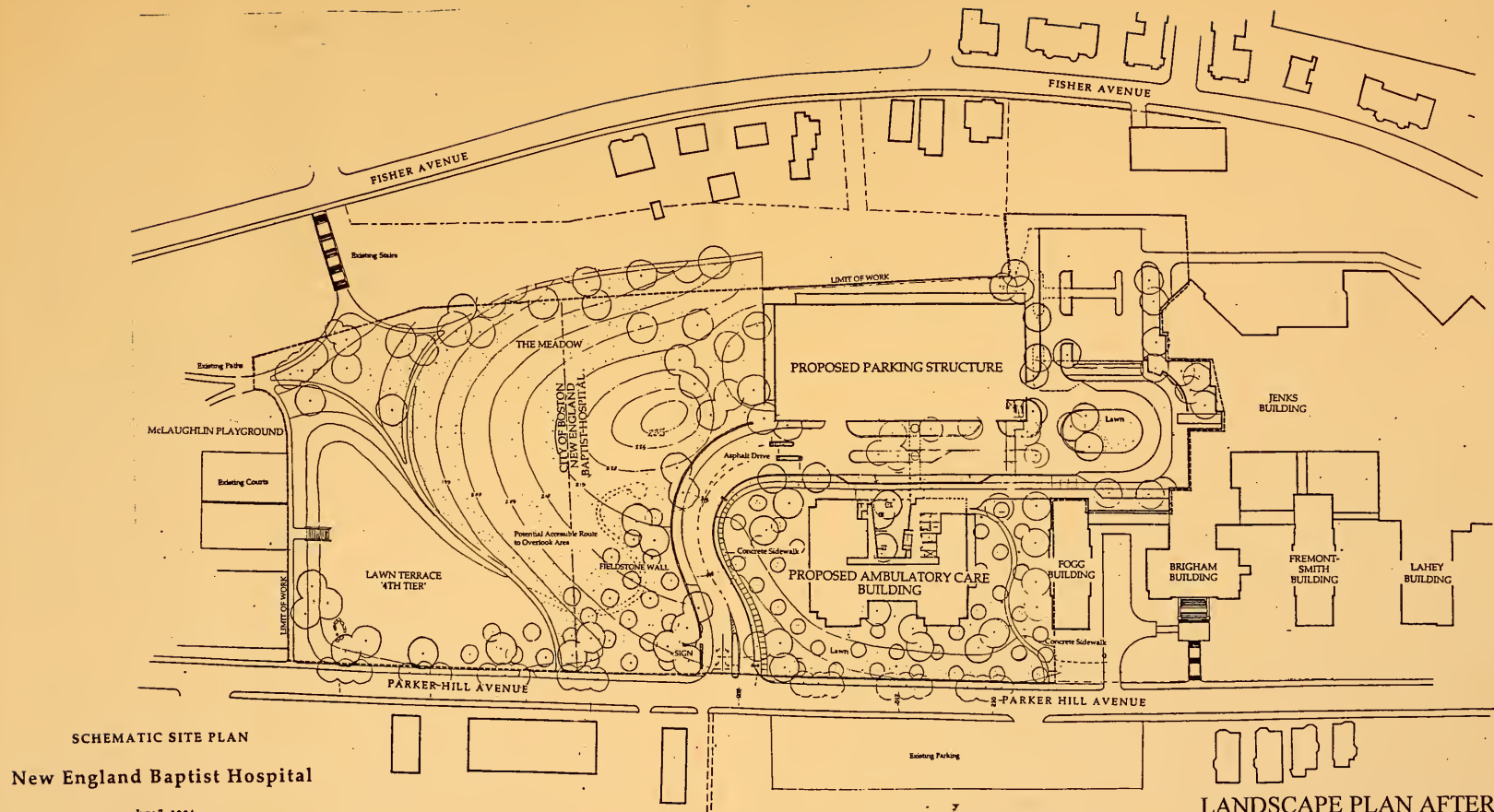




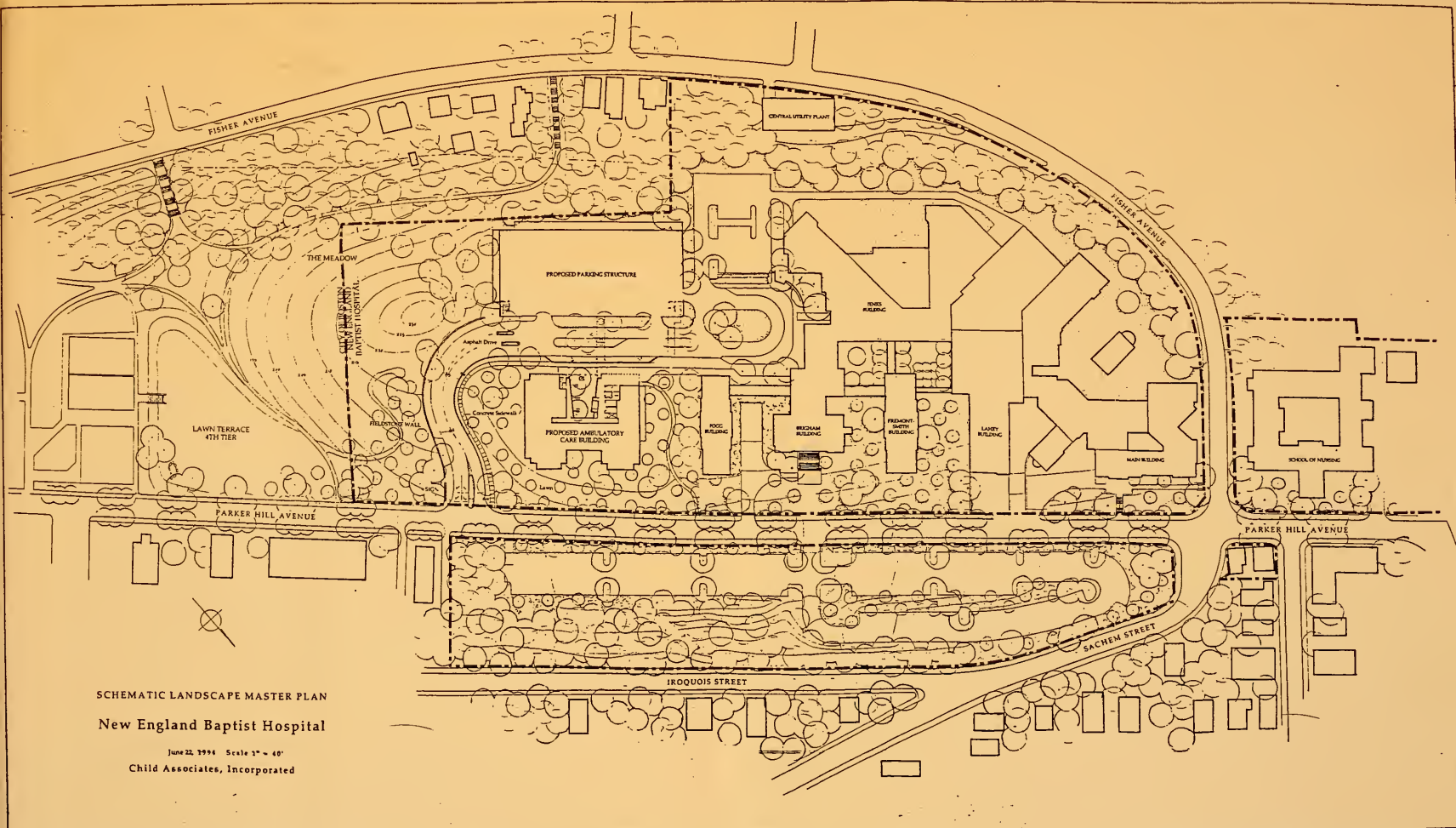
BASED ON AN ENGINEERING STUDY BY H.W. MOORE ASSOCIATES, INC., CONSULTING ENGINEERS, APRIL 20, 1994

SACHEM STREET IMPROVMENTS

NEW ENGLAND BAPTIST HOSPITAL
TABLE 11



**LANDSCAPE PLAN AFTER
AMBULATORY CARE BUILDING,
PARKING STRUCTURE, AND
FOURTH TIER IMPROVEMENTS**



NEW ENGLAND BAPTIST HOSPITAL
TABLE 13

5. FACILITIES DEVELOPMENT ALTERNATIVES

Hospitals in urban locations face constant pressures for more efficient use of space. Typically this is because expansion of facilities is either impossible due to the lack of land, or the expansion of facilities is beyond the Hospital's economic means. An increasingly common means of "expanding" in an urban location is to locate certain departments or functions "off-site", where space may be available and hopefully, less expensive. Each institution must measure the inevitable inefficiency of separating staff against the cost of "on-site" space. Currently, New England Baptist Hospital is the primary owner of an off-site ambulatory surgery program in Brookline, and also operates a pre-admission testing center in Chestnut Hill and an off-site occupational health center in Waltham. In addition, the Hospital has been a partner in an off-site imaging center in Brookline for several years.

In the future, the Hospital may consider off-site locations for other functions and departments. The more feasible functions for off-site locations would be support functions which are not directly involved with clinical operations. The problem for New England Baptist Hospital, unlike many of the hospitals located in the nearby Longwood Medical Area, is that it is relatively isolated within a densely developed residential neighborhood, and there is not a reservoir of suitable office space available, as there is adjacent to the Longwood Medical Area.

Many of the Master Plan Projects described earlier do not have realistic alternative locations, due to functional requirements. The following discussion addresses the most relevant alternatives to the locations proposed for those projects.

Alternative Sites and Configurations

The Hospital has explored a number of options for locating and configuring the proposed Ambulatory Care Building and Parking Structure. The site chosen is the only remaining Hospital-owned property within the main Campus capable of accommodating structures of this size. All of the alternative schemes were located on the undeveloped Hospital property east of the Fogg Building.

1. Extending the above-grade Parking Structure to include the existing surface lot adjacent to the Jenks Building and enclosing the south side of the entry courtyard. This alternative was rejected because the extended portion of the Parking Structure would block the dramatic views to the south and east from the entry courtyard. These views are fundamental to the positive experience of the current entry courtyard. Additionally, the "L" parking structure scheme was functionally less efficient and would have blocked critical emergency access to the Fisher Avenue side of the Hospital.
2. Keeping the entry drive in its current location adjacent to the Fogg Building. This alternative was rejected because the drive would:
 - a) sever the imperative at-grade enclosed link between the main Hospital and the Ambulatory Care Building;
 - b) dangerously congest automobile circulation to the Ambulatory Care Building, Parking Structure, and main Hospital entry courtyard by forcing a vehicular conflict of left turns from two directions across pedestrian circulation, all at one intersection;
 - c) require an automobile turnaround east of the Ambulatory Care Building and Parking Structure which would require the paving of a significant area of the Meadow.

Also of fundamental importance is privacy to Hospital spaces; keeping the entry drive in its current location would compromise the privacy of exam rooms and offices in both the Ambulatory Care Building and the Fogg Building.

3. Locating the Ambulatory Care Building closer to the Fogg Building. This alternative was not acceptable for the following reasons:
- a. To preserve the quality of Parker Hill Avenue and the neighborhood, the Parking Structure is deliberately screened from the street by the Ambulatory Care Building;
 - b. The distance between the proposed Ambulatory Care Building and the existing Fogg Building has been established in order to maintain the minimum standards of visual privacy between physician office and exam rooms in each building;
 - c. The driveway entrance has been located in response to safety standards established by safe sight-line distances for automobiles entering and exiting the Hospital. Alternate drive locations west of the proposed point of entry were studied and shown to reduce safe sight distances.

Although substantially different and viable alternatives to the proposed location of the Ambulatory Care Building and new driveway could not be identified, the Hospital has adjusted the locations of these improvements to reflect the importance of preserving as much of the Meadow as possible. Hence, this new building and driveway will be located at least 8 feet farther to the west than had originally been designed.

Beyond 1999

The alternatives for long term growth at New England Baptist Hospital are defined as much by topography as by operations. Many hospital departments, including surgery and radiology, function far more efficiently on one level than when "stacked," or vertically organized. In addition, a hospital needs to have a horizontal interrelationship between many of its departments, and having those elements at the same level as the main entry leads to a clearer, more patient- friendly hospital.

New England Baptist Hospital is different from most other Boston hospitals in that it is not located in a dense urban area, and therefore theoretically has the ability to develop horizontally. However, this situation is mitigated by two conditions: the main campus is surrounded by public streets on three sides, and the grade falls off steeply on those three sides. (See Site Sections, Table 8) Of perhaps greater significance is the Hospital's commitment to preserving the spacious and open quality of its campus, including the myriad open spaces.

Traditionally, medical facilities grow in two distinct patterns. The first, and most common pattern is to add space to existing buildings as volume, equipment, and services require. This space can accommodate a new piece of radiology equipment, new operating rooms, or new beds; it can occur on top of or beside existing buildings, and is designed to augment functioning departments. Most of the proposed Master Plan Projects are of this type.

The second pattern, by comparison, is designed to replace existing departments, and consists of new construction with linkages to the Hospital's service and circulation systems. Many of the major clinical departments are horizontally organized (radiology, surgery) and this pattern of growth frequently requires a building footprint of 15,000 to 20,000 square feet. Replacing a department like surgery or radiology is often necessary because of the department's requirement for continuous operation, making renovation in-place exceedingly complex, if not impossible. Primarily for these reasons, "replacement" area for hospitals is an important resource.

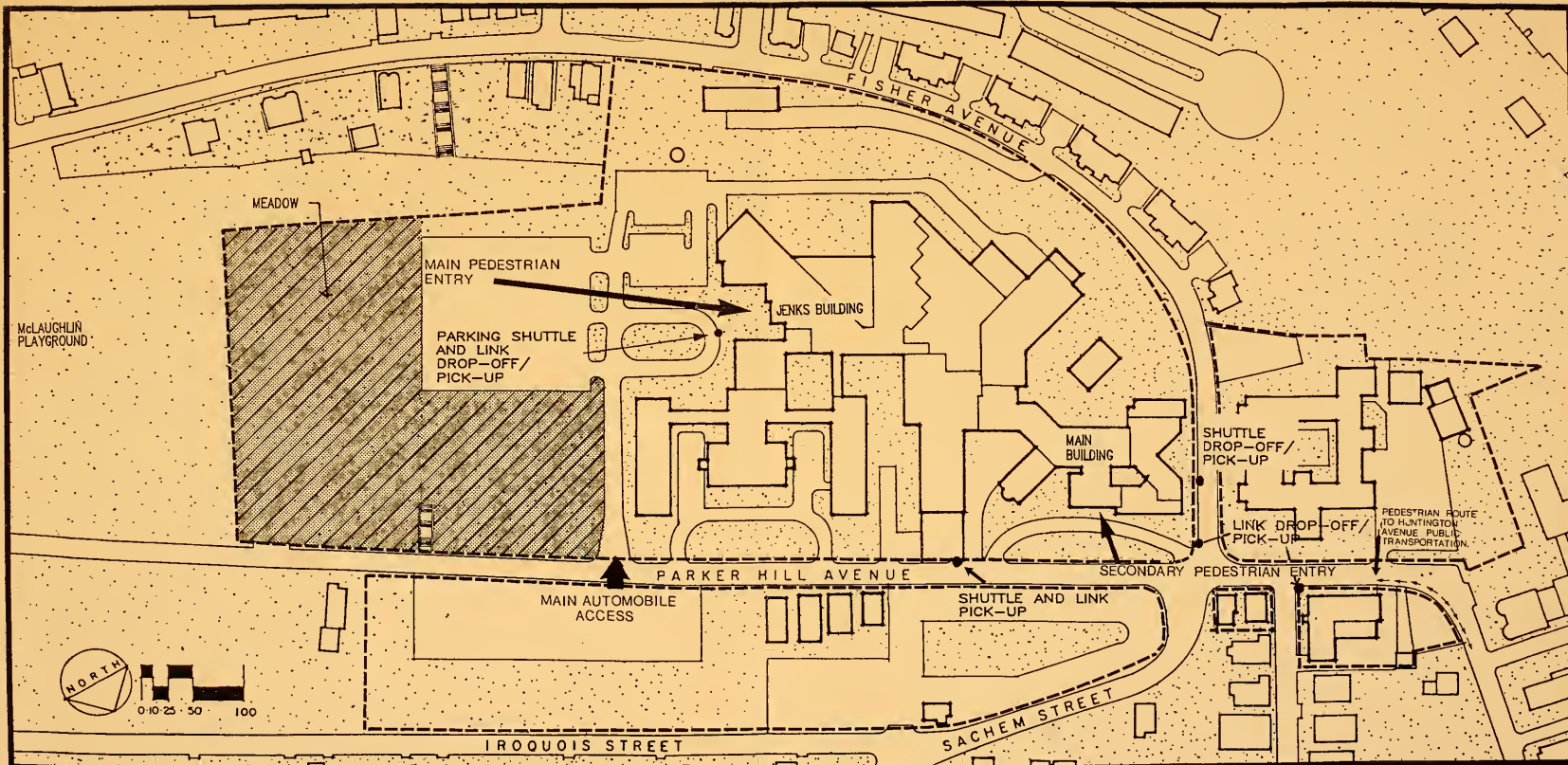
Aside from construction of the Ambulatory Care Building/Parking Structure Project and the modest-sized "infill" development the Hospital has proposed as its Master Plan Projects, the Hospital does not anticipate proposing any new development that would represent significant "horizontal" growth that would alter the existing very favorable ratio of open spaces to structures on the Hospital's main campus.

6. PATIENT, VISITOR, AND EMPLOYEE ACCESS AND CIRCULATION

Table 14 on the following page illustrates the access to the Hospital, and illustrates the various means of arrival, including pedestrian, public transportation, automobile, and shuttle bus.

Arrival at the Hospital is by:

1. Shuttle Van. Employees can park in Jamaica Plain near the intersection of Green and Armory Streets in a lot leased by the Hospital and reserved for that purpose. A shuttle van operates between 5:45 a.m. and 8:00 p.m. to provide transportation to and from the Hospital. This shuttle van also services the Jackson Square stop of the Orange Line.
2. Public Transportation. The Green Line train as well as buses of the Massachusetts Bay Transportation Authority (MBTA) stop at the foot of Parker Hill Avenue at its intersection with Huntington Avenue. From there, pedestrians can walk up Parker Hill Avenue to the Hospital. This is difficult or impossible for many patients and visitors because of the steep grade of the sidewalk. (There is no MBTA bus service along Parker Hill Avenue.)
3. The Mission Link Bus. A community shuttle bus operated by a non-profit organization, the Mission Link Bus, serves the Mission Hill area daily except Sunday, and stops at the main and secondary Hospital entries. The Mission Link provides service from the Brigham Circle Green Line stop to the Hospital.
4. Automobile arrival is from Parker Hill Avenue to the main driveway and parking areas.



PATIENT, VISITOR, AND EMPLOYEE ACCESS AND CIRCULATION

NEW ENGLAND BAPTIST HOSPITAL
TABLE 14

7. TRANSPORTATION AND PARKING ANALYSIS

This section of the Master Plan was prepared by HMM Associates, Inc., of Concord, Massachusetts, traffic/transportation consultants to the Hospital.

The Hospital recognizes the transportation and parking needs not only of its users (i.e., patients, visitors, and employees), but of the residents in Mission Hill and the City of Boston. It supports the overall objective that projected new development should take place without a significant increase in peak-hour vehicle trips. NEBH also supports area-wide transit, parking, and roadway circulation improvement strategies to meet this overall objective.

Existing Conditions

The existing roadways surrounding the Hospital consist of numerous local streets, i.e., Parker Hill Avenue, Fisher Avenue, Iroquois Street and Sachem Street, all of which are steep in places and relatively narrow. The streets in the area serve a mix of institutional and residential land uses.

Parker Hill Avenue is the principal roadway which serves the Hospital, running in a north-south direction from Huntington Avenue to the west of the Hospital, after which it then turns 90 degrees and runs in an east-west direction to Parker Street. In the vicinity of the Hospital, Parker Hill Avenue operates as a 26-foot wide, two-lane, bi-directional roadway. The horizontal alignment along Parker Hill Avenue is relatively straight with the exception of a sharp horizontal curve located to the west of the Hospital. The vertical alignment consists of a steep upgrade from Huntington Avenue to Fisher Avenue, which begins to level off in the vicinity of the Hospital. Time-limited parking is allowed on the north side of the street in the vicinity of the Hospital. No parking is allowed on the south side of the street. The intersection of Parker Hill Avenue and Huntington Avenue is controlled by a traffic signal, while the Parker Hill Avenue/Fisher Avenue intersection is controlled by a stop sign on Fisher Avenue. There are no speed limit signs posted in the vicinity of the Hospital's main campus.

Fisher Avenue is a local roadway which serves the Hospital and surrounding area extending from Parker Street to Parker Hill Avenue just west of the Hospital. In the vicinity of the Hospital, Fisher Avenue operates as a 25-foot wide roadway accommodating two lanes of traffic and unrestricted parking on the east side of the roadway. Its horizontal alignment consists of a large radius curve south of Parker Hill Avenue while its vertical alignment is relatively steep ascending Parker Hill. The intersection of Fisher Avenue and Parker Hill Avenue is stop controlled on Fisher Avenue. Land uses along Fisher Avenue are primarily residential and open space. No speed limit signs are posted along Fisher Avenue in the vicinity of the Hospital.

Sachem Street is a local roadway on Parker Hill extending from Calumet Street to Parker Hill Avenue. In the vicinity of the Hospital, Sachem Street operates as a 25-foot wide two-way street accommodating two lanes of traffic and unrestricted parking on the west side of the roadway. Its horizontal alignment can be described as winding and the vertical alignment consists of a moderate upgrade, although not as steep as noted on Parker Hill Avenue or Fisher Avenue. The intersection of Sachem Street and Parker Hill Avenue is stop controlled on Sachem Street.

Numerous local streets located on Parker Hill provide access to the residential neighborhood. Several two-way streets as well as one-way streets make up the local roadway system. Local streets in the vicinity of the Hospital include Sunset Street, Sachem Street, Iroquois Street and Hillside Street.

Existing Traffic Volumes

Daily traffic volumes were collected by HMM Associates in February 1994. Data was collected along Parker Hill Avenue, east of Sachem Street and west of the current main entry drive. According to the counts, approximately 3,140 vehicles travel along Parker Hill Avenue daily. (Refer to Table 15)

Table 15: Average Daily Traffic Volumes

Parker Hill Avenue, eastbound	1,420
Parker Hill Avenue, westbound	1,720

Existing NEBH Employee Trip Characteristics

The current staff at New England Baptist Hospital includes approximately 1,200 employees, 83% (996) of whom work during the day shifts. Table 16 shows the theoretical parking demand based on the number of day-shift employees and the modal share information collected during the Hospital's employee survey. An overall employee parking demand of 705 long-term spaces has been calculated using the information in Table 16. Visitors, patients, and outpatients create a demand for an additional 147 short-term spaces. This results in a total weekday demand for 852 parking spaces.

Table 16: 1994 Existing Hospital Parking Demand

<u>Employees</u>						
<u>Total Employees</u>	<u>% Day Shift</u>	<u>Auto Mode Split</u>	<u>Auto Occupancy</u>	<u>Daily Autos (One Way)</u>	<u>Daily Turnover Rate (Utilization)</u>	<u>Employee Parking Demand (Long Term)</u>
1,200	83%	75%	1.06	705	1.0	705
<u>Visitors/Patients/Outpatients</u>						
<u>Daily Patients/Visitors</u>	<u>Day</u>	<u>Auto Mode Split</u>	<u>Auto Occupancy</u>	<u>Daily Autos (One Way)</u>	<u>Daily Turnover Rate (Utilization)</u>	<u>Visitor/Patient Parking Demand (Short Term)</u>
440	100%	100%	1.0	440	3.0	147

Total Employee and Patient/Visitor Demand

Employee Parking Demand	705
Visitor/Patient/Outpatient Parking Demand	147
Total Parking Demand:	852

According to the survey, NEBH employees overall have a high dependence upon the single occupant vehicle (66%), which is expected when the Hospital's geographical location is taken into account. In addition, 9% of the surveyed employees car pool. The survey revealed that physicians and nurses tend to use their private cars more often than other employee groups. The use of single occupant vehicles by physicians (65%) and nurses (72%) is consistent with the demanding work schedules of these medical professionals. Physicians often work at multiple locations during the day and need their automobiles (for example, many NEBH doctors operate from private offices at One Brookline Place). Nurses often arrive before 7:00 a.m., when MBTA bus service is either not available or scheduling not as frequent, requiring greater automobile use. In addition, many nurses work double-shifts, which results in nurses working through the evening shift and which presents both scheduling and safety concerns for the use of night-time public transportation. Therefore, for these employee groups, alternative forms of transportation to driving become difficult.

Local trip distribution patterns were determined from the 1994 employee travel survey. Based on the survey, approximately 44% of all employee trip arrivals to the Hospital come from the south and west: 13% arrive via Huntington Avenue northeast to Parker Hill Avenue; 5% arrive via Huntington Avenue northeast to South Huntington Avenue and Heath Street; 24% use South Huntington Avenue northbound to Heath Street; and 2% travel on local streets along the back of Parker Hill to Heath Street. The trips using Heath Street would then turn onto Estey Street or Buckman Street and Fisher Avenue to access the Hospital.

Approximately 48% of all trips come from the north: 10% of trips travel from Huntington Avenue directly to Parker Hill Avenue, and 5% turn onto Calumet Street at Brigham Circle and then use Sachem Street to Parker Hill Avenue. Of the remaining trips, 15% use St. Alphonsus Street to Calumet Street, to Iroquois Street and/or Sachem Street, and finally to Parker Hill Avenue; and 18% use Parker Street to Parker Hill Avenue.

Approximately 8% of vehicles travel from the east on Parker Street to reach Parker Hill Avenue.

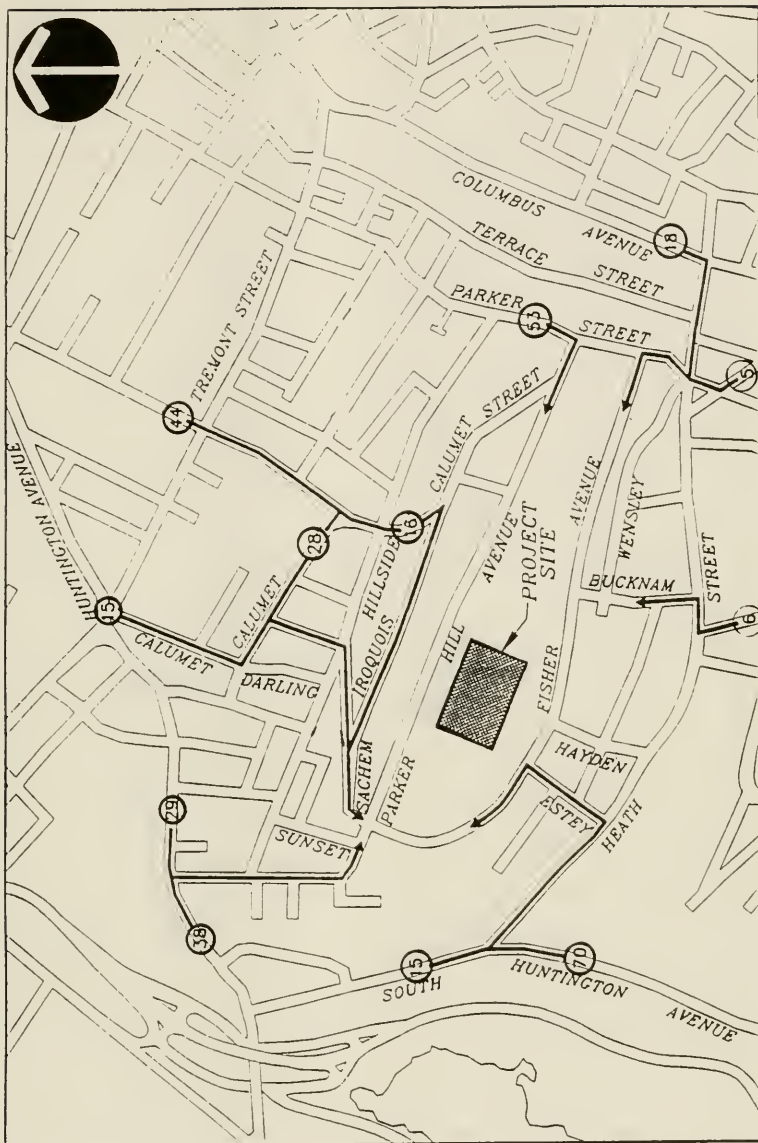
The trip distribution for employee departures is essentially the same as arrivals, except that the 18% of trips using Parker Street from the north, must use St. Alphonsus Street instead when leaving the Hospital.

The estimated number of Hospital employee vehicle trips using each roadway was calculated using modal share and auto occupancy data presented in the following section and the percentage distributions discussed above. Table 17 shows the estimated number of employee trips during the AM peak hour arriving at the Hospital and Table 18 shows the same information for the PM peak hour.

The employee survey indicated that despite the lack of direct MBTA service to Parker Hill, approximately 11% of all employees use the MBTA. An additional 4% of all employees use the Mission Link Bus (which is free for Hospital employees), providing direct service to the Hospital from Brigham Circle. Of the survey responses evaluated, only four (0.1%) indicated that both the MBTA and Mission Link Bus were used. This small number has no effect on the overall modal share results.

Parking Supply

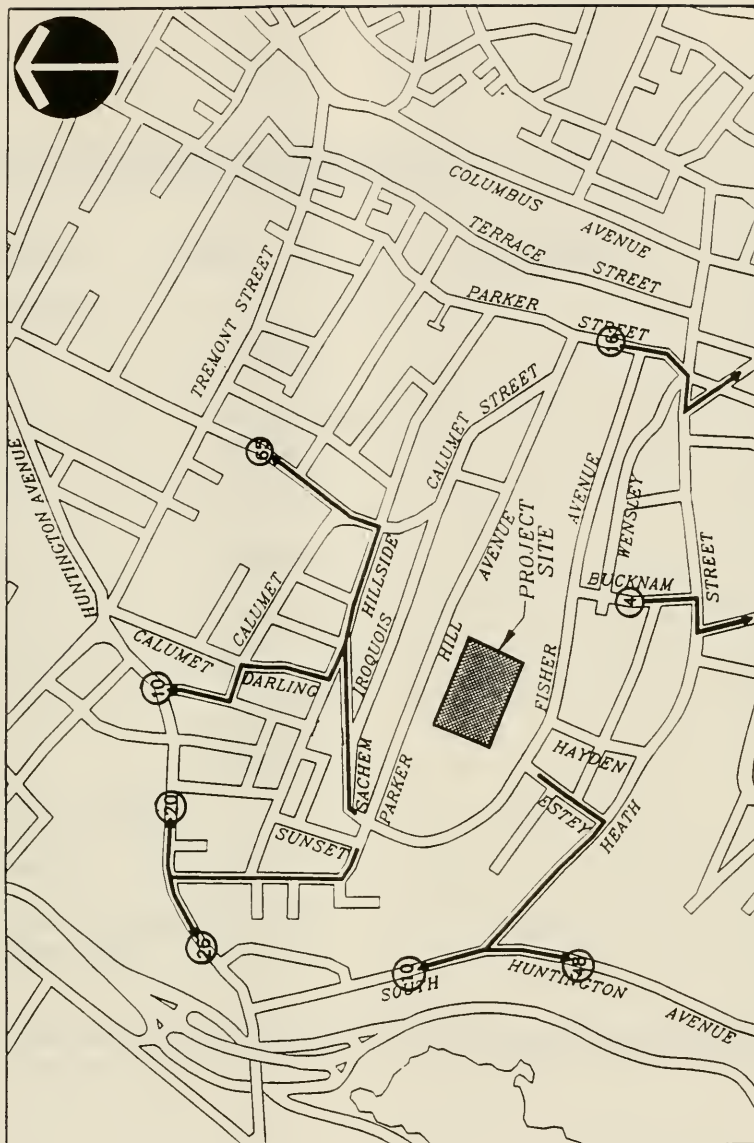
Currently, the Hospital has six on-campus surface lots with a capacity of 475 spaces, as shown in Table 19. The locations of these parking lots are shown on the Existing Facilities diagram (Table 6). In addition, the Hospital leases one satellite facility for approximately 120 vehicles on Brookside Avenue in Jamaica Plain, which is used exclusively for employee parking. A Hospital-operated shuttle van provides service to and from this satellite parking lot. The regular day-shift employee cost for parking ranges from \$3.00 per week at the Jamaica Plain lot to \$12.00 per week at the campus lots. Physicians pay \$80.00 per month. Night shift employees park in Lot G at a weekly cost of \$3.00. Outpatients and visitors pay a maximum of \$5.00 per day to use Lots G or B.



AM PEAK HOUR EXISTING EMPLOYEE VEHICLE TRIP DISTRIBUTION

NEW ENGLAND BAPTIST HOSPITAL

TABLE 17



PM PEAK HOUR
EXISTING EMPLOYEE
VEHICLE TRIP DISTRIBUTION

NEW ENGLAND BAPTIST HOSPITAL

TABLE 18

Table 19: Existing Parking Supply and Assignment

<u>Parking Lot</u>	<u>Users</u>	<u>Parking Spaces</u>
On-Campus:		
A	Employees	8
B	Patients/Visitor Physicians	41
C	Employees	18
D	Employees	136
F	Employees	87
G	Patients, Visitors, Physicians, Second Shift Employees	<u>185</u>
Total On-Campus		475
Satellite:		
Brookside Avenue (Jamaica Plain)	Employees	120

Other than the lots outlined in Tables 6 and 19, the Hospital currently maintains no other parking lots.

A parking occupancy study was conducted in March and April, 1994 for all six on-campus parking lots to determine their utilization, with a special emphasis on Lots B and G, which provide visitor/patient/outpatient/physician parking. The utilization study of Lot G was conducted during the afternoon peak hours (3:00 PM to 6:00 PM) on Tuesday, March 9, 1994 and during the morning peak hours (6:00 AM to 9:00 AM), and midday peak hours (12:00 noon to 2:00 PM) on Wednesday, March 10, 1994. For Lots A, B, C, D, and F, a parking study was conducted during the morning (6:30 AM to 9:00 AM), midday (11:00 AM to 2:30 PM) and afternoon (3:30 PM to 5:00 PM) peak hours on April 8, 1993.

Survey data indicate that 88% of all spaces (162 cars) in Lot G were occupied as early as 9:00 AM. Between noon and 2:00 PM, total capacity was exceeded in Lot G, with occupancy ranging from 110% to 123% (peaking to 227 cars at 2:00 PM). The average occupancy at Lot B was 175% (72 cars) on Tuesdays, when most of the clinics are open. This study also concluded that between 9:00 AM to 11:00 AM and between 1:00 PM to 2:30 PM, Lot B had the maximum number of outpatient vehicles.

In addition to on-campus locations, the Hospital has conducted an analysis of occupancy at its off-site, satellite Brookside Avenue parking lot in Jamaica Plain. This lot is used by the Hospital's general staff during the day. According to the Hospital's Director of Security, the Brookside lot experiences an average occupancy rate of 109% throughout most of the day. Employees who park at this off-site lot arrive at the Hospital by way of the Hospital's free shuttle service.

Parking Management and Mitigation Plan

The completion of the projects proposed in this Master Plan will result in an increase in demand for parking. The total supply of parking at the Hospital will increase with construction of the new Parking Structure, although because of the extensive landscape improvements proposed for Lots D and F, the capacity of those lots will decrease by about 10%. However, the demand will continue to exceed supply without implementation of strategies designed to reduce single occupant vehicles use by employees. To accomplish this necessary reduction, New England Baptist Hospital will stabilize its on-campus parking supply and expand its existing transportation demand management program, as discussed in the following paragraphs (and as detailed in a Transportation Access Plan Agreement which the Hospital will enter into with the City's Transportation Department).

Demand Management Incentives/Commuter Mobility Program

1. Educate Employees

The Hospital educates each current and prospective employee about the available commuting options and the benefits and costs of each. This process helps form employee attitudes about driving alone versus other commuting modes.

The Hospital periodically provides literature to its employees on mass transit fares, schedules, and routes; the availability of ridesharing options; MBTA T-pass programs and off-campus parking lot locations; and lists of carpools and vanpools looking for riders.

2. Promote Mass Transit

The Hospital currently sells MBTA monthly T-passes to employees at an on-site location, provides shuttle service from the Orange Line, and supports the Mission Link transport service from the Green Line. Hospital employees have free use of Mission Link bus service by means of the Hospital's annual operating subsidy to the Mission Link. The Hospital has committed to providing increased operating support for this community bus service for the next five years. The Hospital will also institute T-pass subsidies for its employees.

3. Promote Ridesharing

Many Hospital employees are apprehensive about ridesharing because of a fear of not being able to get home in the event of an emergency. Therefore, the Hospital is exploring formalizing an Emergency-Ride-Home program so that employees belonging to a carpool/vanpool who are confronted with an emergency during working hours can get a ride home. The vehicle used can be either the Hospital shuttle van (schedule permitting) or a local taxi company (via a Hospital voucher arrangement).

4. Establish Alternative Work Hours

To the extent feasible, the Hospital allows employees to work flexible hours in order to allow them to select from numerous transit schedule times without being pressured to arrive at a specific time. This helps increase the percentage of employees arriving by public transit. Flexible work hours also make it easier for employees to form carpools. By adjusting the arrival and departure times of employees, the area-wide vehicle congestion can be substantially reduced during the peak hours.

5. Encourage Walking/Cycling

In order to facilitate the goal of having more employees walk or bicycle to work, the Hospital is improving the lighting around its campus, as described in the Landscape Improvements section. In addition, the Hospital is providing improved security patrols to encourage employees to walk to work. The Hospital also provides bike racks/cages. The Hospital's goal is to have 10% of its work force walking and/or bicycling to work by 1998.

6. Supply Management

Recognizing the importance of the traffic and parking impacts of its operations on Mission Hill residents, the Hospital has agreed to achieving a goal of a maximum of 675 parking spaces on its campus. While completion of the new Parking Structure and the Parking Lots D and F Project will result in an on-campus supply of about 729 spaces, the Hospital will work to identify off-campus satellite parking lots for its employees, and to eliminate other existing in-fill lots, in order to achieve the proposed parking space goal by January 1, 1998. The Hospital's achievement of this goal could have the added benefit of enabling existing paved area on the Hospital's campus to be returned to open space uses. In addition, the operation of the Parking Structure will be oriented towards visitor and patient use.

Conclusions

New England Baptist Hospital will continue to expand its transportation demand management program, primarily designed to reduce single occupancy vehicle use by its employees. These efforts will include continued sales of transit passes and funding for the Mission Link Bus service, the institution of T-pass subsidies, development of a successful rideshare program, a cap on the supply of on-campus parking, and maintenance of the supply of off-campus parking available for employees. This program will also include annual assessments of the effectiveness of these measures, and the designation of a Transportation Coordinator at the Hospital to implement the program.

Environmental Analysis of the Ambulatory Care Building/Parking Structure Project

Of the proposed projects outlined in this Master Plan, the Ambulatory Care Building and Parking Structure's environmental and transportation effects are currently being analyzed through a voluntary Article 31 development review process, pursuant to which the Hospital is preparing a Project Impact Report (PIR). The scope of the PIR has been determined by the Boston Redevelopment Authority (BRA) and includes analyses of transportation, environmental, infrastructure systems, and historic resource issues. The DPIR was submitted by the Hospital to the BRA on April 8, 1994. Following BRA and community review, the BRA issued a Preliminary Adequacy Determination in June 1994. In accordance with the Article 31 development review process, the Hospital will submit a FPIR in July 1994 that responds to comments and questions raised in connection with the DPIR. The BRA is expected to issue a Final Adequacy Determination in August following its review and acceptance of the final PIR.

The following paragraphs summarize the potential environmental effects of the Hospital's Ambulatory Care Building and Parking Structure Project and the proposed measures to mitigate those effects, as presented in the DPIR and FPIR.

1. Wind

A qualitative assessment of pedestrian level winds (PLWs) was completed to determine the effect of the Project on pedestrian level winds at all proposed entrance and drop-off areas. This study was presented in the DPIR.

Since the site is on top of the 225 foot sharply rising Parker Hill, it is naturally windy. Currently, no location in or near the Project site is believed to exceed the BRA Guideline wind speed,* nor is any location believed to have winds at Melbourne's Category 1 (dangerous or unacceptable) or 2 (uncomfortable for walking).** The addition of the proposed structures will have no effect or will reduce winds at the locations studied. The

* Since the early 1980's Boston has used a guideline criteria for acceptable winds of not exceeding 31 mph effective gusts more often than once in 100 hours.

** In 1978, Melbourne developed a probability criteria utilized by the BRA to qualitatively describe average wind speeds and to relate it to different types of pedestrian activity as well as the safety aspects of such winds. The ratings used range from one to five with one being "dangerous and unacceptable" winds to five being "comfortable (winds) for long periods of standing or sitting."

two new structures will also have no effect on winds along nearby Sachem and Iroquois Streets, and Fisher Avenue.

The addition of the proposed landscape improvements should further reduce any windiness, and should be particularly effective on mitigating winds in the open area just east of the Project site. The relocation of the Ambulatory Care Building 8 feet closer to the existing Fogg Building, as presented in the FPIR, should have little impact on the proposed wind condition.

2. Air Quality

A study was conducted for the DPIR to evaluate the potential air quality impacts of the Project. The study provides a microscale analysis of motor vehicle emissions from area roadways and the proposed Parking Structure.

The microscale analysis was conducted to evaluate the effect of project area traffic on carbon monoxide (CO) concentrations at sensitive receptors including some of the intersections evaluated in the transportation analysis, both with and without construction of the Project.

The results of the microscale analysis demonstrate ambient air quality standards for CO will be maintained with construction of the Project. Further, because the Project will generate few vehicles, the Project will have no impact on air quality at the intersections evaluated.

3. Solid and Hazardous Waste

In connection with its analysis of the potential environmental effects of the Project, the Hospital commissioned a Phase I Preliminary Site Assessment of the Project site. In particular, this assessment was arrived at confirming the viability of re-using excavate from the Project site to create the new landscape improvements on the Meadow and the Fourth Tier.

HMM's review of available regulatory files in March and April, 1994 revealed no information which would suggest that a release of a petroleum product, hazardous material, or asbestos-containing material has occurred to the subsurface at the Project site. Additionally, no information was reviewed which indicated the historic or current existence of underground storage tanks on the Project site.

HMM's program of subsurface explorations included the collection of soil borings and chemical analysis of soil samples in order to ascertain the presence of petroleum products, hazardous materials and/or asbestos-containing materials in the fill soils at the site. The subsurface exploration program revealed no evidence of a significant petroleum product, hazardous materials or asbestos-containing materials release which would warrant reporting under the Massachusetts Contingency Plan or present a health risk for children or adults. As such, there are no specific sub-surface material or product issues which would appear to prohibit on-site reuse of the excavated material for the proposed landscape improvements.

Solid waste generated by the Ambulatory Care Building will consist of typical office type waste, i.e., paper, cardboard, etc. The Hospital estimates that the new building will generate approximately two tons of solid waste per month, which will be removed from the building every day and put into the Hospital's trash compactor.

Medical waste will be removed daily, stored in the Hospital's refrigerated infectious waste storage room located in the Lahey Building, and packaged, labeled and shipped three times per week, in compliance with all applicable regulations.

The Hospital currently conducts a recycling program for paper products in an effort to reduce the amount of solid waste generation. This program will be extended to include the new Ambulatory Care Building.

4. Noise

A noise modeling study was conducted for the DPIR to assess the potential effect of the construction and operation of the Project's mechanical and exhaust systems and compliance with applicable regulations of the City of Boston.

The Hospital's existing mechanical and exhaust systems produce very little sound that can be measured beyond the property boundaries. The Project will similarly produce little sound that can be measured beyond the property boundaries. The results of the analysis indicated that the noise from the Project is expected to comply with the City of Boston's Noise Standards.

5. Geotechnical Impact

Previously collected geotechnical data indicate that the subsurface soil and water conditions are favorable for construction of the building foundations for the proposed Project. It is anticipated that reinforced concrete footing or mat foundations and soil-supported floor slabs-on-grade will be employed. As soil-supported footing foundations are anticipated, noise and vibrations which would be associated with installation of piles or other deep foundations will not occur.

Excavations for foundation construction will range in depth from approximately 15 feet to 25 feet. Due to the favorable soil and water conditions and the satisfactory distance away from other structures, it is anticipated that essentially all of the excavation could be open-cut using conventional equipment and procedures. Due to the competent nature of the site soils and the probable use of open-cut excavation methods, excavation-related movements of the ground outside the excavation sites are expected to be very small and not extend outside the limits of the Project site.

6. Construction Impacts

A Construction Management Plan for work performed in connection with the Project will be submitted to the City prior to the start of construction. This Plan will identify specific mitigation measures and staging plans to be implemented during construction to minimize the effects on adjacent McLaughlin Playground, as well as on other abutting properties.

7. Urban Design

Ambulatory Care Building

In keeping with the historic nature of building materials on the Hospital campus, the Ambulatory Care Building will have brick facades with stone highlight features. The proposed floor-to-ceiling glazing in the courtyard of the Ambulatory Care Building will continue a tradition of fully-glazed hallways connecting buildings on the Hospital campus. The entrance canopy to the Ambulatory Care Building will serve as a protective cover for those entering the building, while enhancing the image of the Hospital as a bucolic, garden-like campus. The relocation of the building eight feet closer to the Fogg Building (as presented in the FPIR vs. the DPIR Project design) will strengthen the design relationship of the new structure to other Hospital buildings along Parker Hill Avenue and help optimize preservation of the remaining portion of the Hospital-owned Meadow.

Parking Structure

The Parking Structure has been designed so that three of the four facades have flat or level floors behind them; the only sloping floors occur on the south facade which is not visible from Parker Hill Avenue and the meadow. This assures that the visible facades will not look like parking structure walls but instead like garden walls or the walls of other Hospital structures. The Parking Structure will have brick facades on all four sides, with stone highlight features. While the south facade will appear one floor higher to abutters on Fisher Avenue, this side of the structure will be heavily landscaped and will be at least 130 feet from the closest residence.

Landscape Improvements

The proposed landscape improvements to the Meadow and Fourth Tier areas will lead to the creation of a large, passive recreation area of more than five acres in size, containing extensive plantings of shade and orchard trees and pedestrian paths. These improvements will address numerous unmet neighborhood recreation needs. The final design of these improvements will occur in consultation with the City and the Mission Hill community.

8. Historic Resources

A review of Boston Landmark Commission and Massachusetts Historical Commission files was conducted to identify noteworthy buildings or districts in the Project vicinity. There are no resources on the National Register of Historic Places adjacent to the Project site. One building and one district were identified in the Project vicinity that are listed on the National Register of Historic Places.

The nearest structure that is listed on the National Register of Historic Places is the Hoxie House on Hillside Street, approximately 600 feet to the north of the Project site. This house will not be affected by the Project. The nearest historic district that is listed on the National Register is the Mission Hill Triangle District, located approximately 1,500 feet to the north of the Project site.

An evaluation of the Project with regard to its proximity to noteworthy historic buildings or historic districts indicates that with the exception of the Hospital's original Robert Breck Brigham Building, there are no historic resources near enough to the Project to be potentially affected by it. The Robert Breck Brigham Building, which is adjacent to the Project site, will be provided with an improved architectural setting by the new Project. The Ambulatory Care Building will maintain a similar setback from Parker Hill Avenue as well as respect existing side yard setbacks that frame existing Parker Hill Avenue buildings. The Project will not affect access or views of the other historic properties previously identified in any way.

Based on research conducted at the office of the Massachusetts Historical Commission, there are no known archaeological resources on the Project site or within one-half mile of it, although a portion of the former Parker Hill Reservoir was located on the site of the McLaughlin Playground until the 1930s. Therefore the Project is not anticipated to impact any archaeological resources.

9. Infrastructure

Domestic water demand for the new Ambulatory Care Building is estimated to average approximately 10,800 gallons per day (gpd). This estimate is based on actual water use data obtained from a similar medical and research facility rate of 200 gallons per 1,000 square feet of medical area. The peak flow rate for the Project is estimated to be 22.5 gallons per minute (gpm) based on a peaking factor of 3.

Process water use is estimated to average approximately 7,750 gpd and is limited to makeup water requirements for the cooling tower when the tower is in operation. The cooling tower is expected to be operated during moderate and warmer months of the year (roughly April through September). The tower's peak water consumption during operation is approximately 17,350 gpd (12 gpm) based on the evaporative heat content of water (12,000 Btu/ton of refrigeration) and blowdown resulting from 5 cycles of concentration (typically 20% of total makeup water requirements).

Based on recent hydrant test data for the project vicinity, sufficient system capacity is available. The Boston Water and Sewer Commission has indicated that no system problems in the area have been identified and that sufficient capacity is available to meet Project requirements.

The majority of wastewater generated by the Project will be associated with sanitary uses. Average sanitary sewage generation for the Ambulatory Care Building is estimated to be approximately 9,720 gpd, based on a 10% reduction of the average water consumption estimates calculated for the Project. Peak sanitary discharge is expected to be approximately 20.25 gpm, based on a 10% reduction of the peak water consumption estimates calculated for the Project. Average process wastewater discharged to the sewer is estimated to be approximately 1,550 gpd, while peak process wastewater discharged to the sewer is expected to be approximately 2 gpm. These estimates are based on a cooling tower blowdown rate of approximately 20% to total makeup water requirements.

Chemical and biological waste will be collected and disposed of in compliance with applicable regulations. Liquid entering into the sanitary drainage system will meet all standards for effluent discharges.

Heating for the Ambulatory Care Building will be provided by the existing Hospital boiler facility. Based on typical energy requirements for similar facilities, heating for the Project will total approximately 3.5 million Btu/hour.

Cooling requirements for the Ambulatory Care Building will be provided by a high efficiency centrifugal liquid type chiller, expected to be approximately 400 tons, and to be located in the nearby Jenks Building.

The Hospital's existing power source (Boston Edison) will be used to provide power for the Project. It is estimated that an additional 560 kW of power requirements will be imposed on the existing Hospital's primary electric source. Main electric service will consist of new dual underground 13.8 kV primary electric service extended from the existing New England Baptist Hospital primary electric switchgear located in the existing boiler plant. A new duct will be extended from the existing primary electric service manhole located adjacent to the Jenks Building to a new unit substation in the Ambulatory Care Building.

8. COMMUNITY BENEFITS PLAN

New England Baptist Hospital has been in the Mission Hill community for nearly a hundred years and recognizes that the health and strength of the Hospital is linked to the health and strength of its neighborhood. Therefore, the Hospital is committed to working with the community to identify programs and services which it can provide to improve the quality of life in the community.

Employment

Over the past five years, employment figures for New England Baptist Hospital have remained steady. The Hospital currently has 1,200 employees, of which approximately 500 are Boston residents, and 100 of those are residents of Mission Hill. Implementation of all of the Master Plan Projects would add about 177 employees to the Hospital's employment base. The Hospital will continue its successful efforts to recruit residents of Boston -- and especially Mission Hill -- for these new jobs. In that regard, the Hospital will execute a Memorandum of Understanding and a First Source referral agreement with the City.

Job Training and Employment Opportunities

As the largest employer in Mission Hill outside of the Longwood Medical Area, the Hospital is committed to promoting employment opportunities for Boston - and specifically Mission Hill - residents through support of job training programs for high school students and adults. Programs are also offered to employees for career advancement.

Promotion of employment opportunities includes distributing job listings to central locations in community agencies around Mission Hill.

The Hospital also conducts an English as a Second Language course for employees and has sought and received funding to offer the program during work hours.

The Hospital has also sought funding for a Basic Skills program and will provide slots to the community as they become available.

Scholarships

The Hospital awards scholarships to qualified graduates of City of Boston high schools who wish to attend its School of Nursing. From 1985 to 1992 fifty-two scholarships have been awarded, and seven were awarded in the 1993-94 academic year. Since 1985, four of these scholarships have been awarded to residents of Mission Hill. The Admissions Office meets with guidance counselors in city high schools and participates in college fairs held around the city and in the Mission Hill community to identify potential scholarship recipients. The Hospital has agreed to continue this scholarship program for another ten years.

Scholarships are also available to finance training in the field of radiography at Bunker Hill Community College, on both a full-time and a part-time basis. New England Baptist Hospital employees, members of an employee's family, and Boston residents are given priority when granting these scholarships. Scholarships are made only upon acceptance into Bunker Hill Community College's Medical Radiography program, and require a commitment to work at the Hospital upon completion of the program.

In addition, the Hospital has scholarship programs in the Departments of Laboratory (Medical Technologist) and Rehabilitation Services (Staff Therapist). These are a monetary only scholarships with a condition that upon graduation, the employee must commit to at least one year of employment with New England Baptist Hospital.

Job Training Programs

The Hospital has committed significant staff time and resources to several job training programs. Some of these are described below.

- o Project ProTech is a job training program providing internships and summer jobs to Boston Public School students interested in healthcare careers. The Hospital has committed to take up to twenty students per year, and during the 1994-1995 school year there will be eighteen students working in this program. The Hospital has been heavily involved in helping to develop the curriculum for this pilot program, which has been cited nationally for its success.

- o Morgan Memorial Goodwill Inc. Job Training is a program for persons returning to the work force after a long absence. Several Hospital departments participate in a job shadowing program, and the Hospital also provides a site for mock interviews.
- o Dimock Community Health Center and the Hospital are partners in several clinical internships, including those for OR and Central Sterile Supply Technicians. The Hospital recently committed funds to sponsor a classroom at the newly renovated Job Training Center at Dimock.

The Hospital also participates in two other high school training programs with Madison Park High School, a vocational education school, and Dorchester High School in its health careers magnet program. The Hospital is also a business partner to the Farragut Elementary School in Mission Hill. The Hospital and the Farragut School are currently developing programs to improve the fourth grade science curriculum, provide tutoring and reading volunteers, hygiene and nutrition classes and recreational activities.

Health Care Services

The Hospital currently runs a number of educational, outreach, screening and treatment initiatives and is working to expand and identify further means of maintaining and improving the health of its neighbors. The Hospital will continue to support the healthcare programs it has already implemented, including:

- o NEBH/Celtics Wives Free Mammography Program. This is a partnership with the American Cancer Society and Celtics Wives Save Lives Breast Health program to fight breast cancer through the provision of up to 1,000 free mammograms to medically under-served women in Boston. As part of this program, the Hospital is currently recruiting community leaders, called Ambassadors, from Mission Hill to join in this effort to reach women in the community.

- o Roxbury Heart Center is a community-based model of comprehensive cardiac disease prevention and diagnosis for residents of Boston's minority communities who are at high risk of cardiovascular disease. The Center is a partnership between Roxbury Comprehensive Community Health Center and the New England Baptist, Beth Israel and Deaconess Hospitals. The hospitals have agreed to participate equally in funding the initial capital and first-year operating costs of the Center.
- o Free Healthcare Screening in Mission Hill. This program offers monthly blood pressure checks, periodic cholesterol readings and dietary assessments, and annual skin cancer screening. The screenings have been held on-site at the Hospital and at other neighborhood locations, including Mission Park, Parker Hill/Fenway Neighborhood Services Center and Mission Church.
- o Community Health Fairs and Education in Mission Hill. The Hospital sponsors community health fairs throughout the year. The fairs include a full day program at the Tobin Community Center for area grammar school children and a sports injury clinic for Mission Possible Summer Camp and the Tobin Community Center Summer Camp, both which serve the children of Mission Hill. The Hospital sponsors an annual health fair at Mission Park providing healthcare counseling for the elderly. Sessions are offered on nutrition, arthritis, medications and other significant issues facing senior citizens in Mission Hill. These sessions are free.
- o Collaborative Programs. The Hospital has committed to continue to develop and enhance collaborative programs with community groups, health centers and other healthcare institutions. As part of this commitment, the Hospital has joined the Healthy Boston coalition in Mission Hill and will commit to support the work of this coalition as it provides an open community process to define the public health needs of Mission Hill and develops collaborations to address those needs.

Life in Mission Hill: New England Baptist Hospital as a Civic Partner

New England Baptist Hospital recognizes that its neighbors are not only businesses or institutions, but in large part, people who make Mission Hill their home. The Hospital works to maintain and collaborate to improve the quality of life in the community through support of and participation in community-based organizations that address the needs of youth, families, and senior citizens in Mission Hill.

New England Baptist Hospital is also committed to improving the physical environment of Mission Hill through careful maintenance and landscaping of its campus, as well as maintenance of the City-owned McLaughlin Playground.

The Hospital will continue to support a range of community programs, such as those described below:

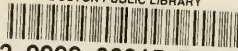
- o Mission Hill Community Center serving the youth of Mission Hill.
- o Project LIFE/Proyecto VIDA, a community based organization dedicated to lowering infant mortality.
- o Mission Hill ABCD Neighborhood Center, including Senior Center.
- o Mission Hill ABCD Food Pantry.
- o Mission Hill Crime Committee through publicity of meetings and technical expertise.
- o Housing services through publicity of Neighborhood Housing Services programs promoting affordable housing opportunities in Mission Hill.

The Hospital's commitment to continuing its very active community benefits program in the areas of health services, job training, educational scholarships, and community improvements will be reflected in the Cooperation Agreement to be executed by the Hospital and the Boston Redevelopment Authority. The most significant of these commitments include:

- o Construction of the Fourth Tier landscape improvements, at a cost up to \$100,000.
- o Continued maintenance of McLaughlin Playground, including the reconstructed Fourth Tier, for an additional ten years, at an annual cost of up to \$50,000.
- o A perpetual conservation restriction to the City for the Hospital-owned Meadow.
- o Continued scholarship assistance for Boston high school students attending the Hospital's School of Nursing.
- o Five additional years of operating support for the Mission Link shuttle bus at a cost of \$210,000.
- o Neighborhood stabilization support of \$100,000 when the vacant homes on Parking Lots D and F are demolished.
- o Grant of a perpetual easement of land for the Sachem Street street widening and sidewalk reconstruction improvements, and design and construction of those improvements at a cost of about \$30,000.
- o Targeting Boston residents for construction and permanent jobs at the Hospital.



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